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(54) **IMAGE QUALITY COMPLIANCE TOOL**

(56) **References Cited**

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U.S. PATENT DOCUMENTS

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3,365,575 A 1/1968 Strax
3,502,878 A 3/1970 Stewart
(Continued)

FOREIGN PATENT DOCUMENTS

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CN 102222594 10/2011
CN 105286904 A 2/2016
(Continued)

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OTHER PUBLICATIONS

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(57) **ABSTRACT**

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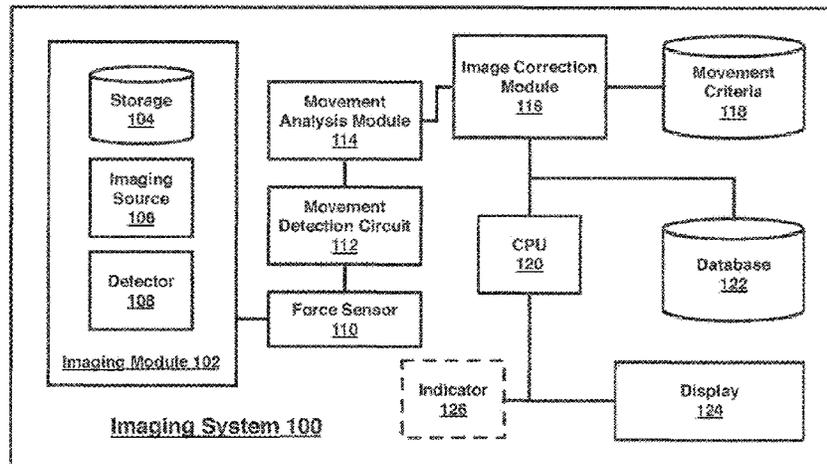
The technology relates to a methods and systems for
improving medical imaging procedures. An example method
includes receiving a first set of quality metrics for a plurality
of medical images acquired at a first imaging facility;
receiving a second set of quality metrics for a second
plurality of medical images acquired at a second imaging
facility; comparing the first set of quality metrics to the
second set of quality metrics; based on the comparison of the
first set of quality metrics to the second set of quality
metrics, generating a benchmark for at least one metric in
the first set of quality metrics and the second set of quality
metrics; generating facility data based on the generated
benchmark and the first set of quality metrics; and sending
the facility data to the first imaging facility.

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(51)	Int. Cl.			
	<i>A61B 6/03</i> (2006.01)		5,539,797 A	7/1996 Heidsieck et al.
	<i>A61B 6/04</i> (2006.01)		5,553,111 A	9/1996 Moore et al.
	<i>A61B 8/00</i> (2006.01)		5,592,562 A	1/1997 Rooks
	<i>A61B 6/02</i> (2006.01)		5,594,769 A	1/1997 Pellegriano et al.
	<i>A61B 8/08</i> (2006.01)		5,596,200 A	1/1997 Sharma et al.
	<i>A61B 8/13</i> (2006.01)		5,598,454 A	1/1997 Franetzki et al.
(52)	U.S. Cl.		5,609,152 A	3/1997 Pellegriano et al.
	CPC <i>A61B 6/463</i> (2013.01); <i>A61B 6/465</i>		5,627,869 A	5/1997 Andrew et al.
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	<i>6/5258</i> (2013.01); <i>A61B 6/54</i> (2013.01); <i>A61B</i>		5,668,844 A	9/1997 Webber
	<i>6/025</i> (2013.01); <i>A61B 6/566</i> (2013.01); <i>A61B</i>		5,668,889 A	9/1997 Hara
	<i>8/0825</i> (2013.01); <i>A61B 8/13</i> (2013.01); <i>A61B</i>		5,706,327 A	1/1998 Adamkowski et al.
	<i>8/4254</i> (2013.01)		5,719,952 A	2/1998 Rooks
(58)	Field of Classification Search		5,735,264 A	4/1998 Siczek et al.
	CPC G06T 2207/10052; G06T 2201/00; G06T		5,769,086 A	6/1998 Ritchart et al.
	2207/30168		5,803,912 A	9/1998 Siczek et al.
	See application file for complete search history.		5,818,898 A	10/1998 Tsukamoto et al.
(56)	References Cited		5,828,722 A	10/1998 Ploetz et al.
	U.S. PATENT DOCUMENTS		5,841,829 A	11/1998 Dolazza
	3,863,073 A	1/1975 Wagner	5,844,965 A	12/1998 Galkin
	3,971,950 A	7/1976 Evans et al.	5,864,146 A	1/1999 Karellas
	4,160,906 A	7/1979 Daniels et al.	5,872,828 A	2/1999 Niklason et al.
	4,310,766 A	1/1982 Finkenzeller et al.	5,878,104 A	3/1999 Ploetz
	4,380,086 A	4/1983 Vagi	5,896,437 A	4/1999 Ploetz
	4,496,557 A	1/1985 Malen et al.	5,941,832 A	8/1999 Tumey et al.
	4,513,433 A	4/1985 Weiss et al.	5,970,118 A	10/1999 Sokolov
	4,542,521 A	9/1985 Hahn et al.	5,983,123 A	11/1999 Shmulewitz
	4,559,641 A	12/1985 Caugant et al.	5,986,662 A	11/1999 Argiro et al.
	4,662,379 A	5/1987 Macovski	5,999,836 A	12/1999 Nelson et al.
	4,706,269 A	11/1987 Reina et al.	6,005,907 A	12/1999 Ploetz
	4,721,856 A	1/1988 Saotome et al.	6,022,325 A	2/2000 Siczek et al.
	4,744,099 A	5/1988 Huettentrauch et al.	6,075,879 A	6/2000 Roehrig et al.
	4,752,948 A	6/1988 MacMahon	6,091,841 A	7/2000 Rogers et al.
	4,760,589 A	7/1988 Siczek	6,137,527 A	10/2000 Abdel-Malek et al.
	4,763,343 A	8/1988 Yanaki	6,141,398 A	10/2000 He et al.
	4,773,086 A	9/1988 Fujita et al.	6,149,301 A	11/2000 Kautzer et al.
	4,773,087 A	9/1988 Plewes	6,167,115 A	12/2000 Inoue
	4,819,258 A	4/1989 Kleinman et al.	6,175,117 B1	1/2001 Komardin et al.
	4,821,727 A	4/1989 Levene et al.	6,196,715 B1	3/2001 Nambu et al.
	4,969,174 A	11/1990 Scheid et al.	6,207,958 B1	3/2001 Giakos
	4,989,227 A	1/1991 Tirelli et al.	6,216,540 B1	4/2001 Nelson et al.
	5,018,176 A	5/1991 Romeas et al.	6,219,059 B1	4/2001 Argiro
	RE33,634 E	7/1991 Yanaki	6,233,473 B1	5/2001 Shepherd et al.
	5,029,193 A	7/1991 Saffer	6,243,441 B1	6/2001 Zur
	5,051,904 A	9/1991 Griffith	6,244,507 B1	6/2001 Garland
	5,078,142 A	1/1992 Siczek et al.	6,256,369 B1	7/2001 Lai
	5,163,075 A	11/1992 Lubinsky et al.	6,256,370 B1	7/2001 Yavuz
	5,164,976 A	11/1992 Scheid et al.	6,272,207 B1	8/2001 Tang
	5,199,056 A	3/1993 Darrah	6,289,235 B1	9/2001 Webber et al.
	5,212,637 A	5/1993 Saxena	6,292,530 B1	9/2001 Yavus et al.
	5,240,011 A	8/1993 Assa	6,293,282 B1	9/2001 Lemelson
	5,256,370 A	10/1993 Slattery	6,327,336 B1	12/2001 Gingold et al.
	5,274,690 A	12/1993 Burke	6,341,156 B1	1/2002 Baetz et al.
	5,289,520 A	2/1994 Pellegriano et al.	6,345,194 B1	2/2002 Nelson et al.
	5,291,539 A	3/1994 Thumann et al.	6,375,352 B1	4/2002 Hewes et al.
	5,313,510 A	5/1994 Ebersberger	6,411,836 B1	6/2002 Patel et al.
	5,359,637 A	10/1994 Webber	6,415,015 B2	7/2002 Nicolas et al.
	5,365,562 A	11/1994 Toker	6,418,189 B1	7/2002 Schafer
	5,415,169 A	5/1995 Siczek et al.	6,442,288 B1	8/2002 Haerer et al.
	5,426,685 A	6/1995 Pellegriano et al.	6,459,925 B1	10/2002 Nields et al.
	5,452,367 A	9/1995 Bick et al.	6,480,565 B1	11/2002 Ning
	5,469,429 A	11/1995 Yamazaki et al.	6,490,476 B1	12/2002 Townsend et al.
	5,506,877 A	4/1996 Niklason et al.	6,501,819 B2	12/2002 Unger et al.
	5,526,394 A	6/1996 Siczek et al.	6,542,575 B1	4/2003 Schubert
	5,528,658 A	6/1996 Hell	6,553,096 B1	4/2003 Zhou et al.
			6,556,655 B1	4/2003 Chichereau et al.
			6,574,304 B1	6/2003 Hsieh et al.
			6,574,629 B1	6/2003 Cooke, Jr. et al.
			6,597,762 B1	7/2003 Ferrant et al.
			6,620,111 B2	9/2003 Stephens et al.
			6,626,849 B2	9/2003 Huitema et al.
			6,633,674 B1	10/2003 Barnes et al.
			6,638,235 B2	10/2003 Miller et al.
			6,647,092 B2	11/2003 Eberhard et al.
			6,744,848 B2	6/2004 Stanton et al.
			6,748,044 B2	6/2004 Sabol et al.
			6,751,285 B2	6/2004 Eberhard et al.
			6,758,824 B1	7/2004 Miller et al.
			6,813,334 B2	11/2004 Koppe et al.

(56)	References Cited	8,824,752 B1 *	9/2014	Fonte	A61B 5/0261 382/126
	U.S. PATENT DOCUMENTS	8,831,171 B2	9/2014	Jing et al.	
		8,853,635 B2	10/2014	O'Connor	
		8,873,716 B2	10/2014	Ren et al.	
6,882,700 B2	4/2005 Wang et al.	9,020,579 B2	4/2015	Smith	
6,885,724 B2	4/2005 Li et al.	9,042,612 B2	5/2015	Gkanatsios et al.	
6,895,076 B2	5/2005 Halsmer	9,066,706 B2	6/2015	Defreitas et al.	
6,909,790 B2	6/2005 Tumey et al.	9,226,721 B2	1/2016	Ren et al.	
6,909,792 B1	6/2005 Carrott et al.	9,460,508 B2	10/2016	Gkanatsios et al.	
6,912,319 B1	6/2005 Barnes et al.	9,498,175 B2	11/2016	Stein et al.	
6,940,943 B2	9/2005 Claus et al.	9,498,180 B2	11/2016	Ren	
6,950,493 B2	9/2005 Besson	9,502,148 B2	11/2016	Ren	
6,957,099 B1	10/2005 Arnone et al.	9,549,709 B2	1/2017	DeFreitas et al.	
6,970,531 B2	11/2005 Eberhard et al.	9,851,888 B2	12/2017	Gkanatsios et al.	
6,978,040 B2	12/2005 Berestov	9,895,115 B2	2/2018	Ren	
6,987,831 B2	1/2006 Ning	10,108,329 B2	10/2018	Gkanatsios et al.	
6,999,554 B2	2/2006 Mertelmeier	10,194,875 B2	2/2019	DeFreitas et al.	
7,001,071 B2	2/2006 Deuringer	10,296,199 B2	5/2019	Gkanatsios et al.	
7,016,461 B2	3/2006 Rotondo	10,413,255 B2	9/2019	Stein	
7,110,490 B2	9/2006 Eberhard et al.	10,452,252 B2	10/2019	Gkanatsios et al.	
7,110,502 B2	9/2006 Tsuji	10,638,994 B2	5/2020	DeFreitas	
7,116,749 B2	10/2006 Besson	10,719,223 B2	7/2020	Gkanatsios	
7,123,684 B2	10/2006 Jing et al.	10,881,359 B2	1/2021	Williams	
7,127,091 B2	10/2006 Op De Beek et al.	10,905,385 B2	2/2021	DeFreitas	
7,142,633 B2	11/2006 Eberhard et al.	10,959,694 B2	3/2021	Jing et al.	
7,190,758 B2	3/2007 Hagiwara	11,076,820 B2	8/2021	Smith	
7,206,462 B1	4/2007 Betke	11,090,017 B2	8/2021	Zhang	
7,244,063 B2	7/2007 Eberhard	11,096,644 B2	8/2021	DeFreitas	
7,245,694 B2	7/2007 Jing et al.	2001/0038681 A1	11/2001	Stanton et al.	
7,286,645 B2	10/2007 Freudenberg	2002/0012450 A1	1/2002	Tsuji	
7,302,031 B2	11/2007 Hjarn et al.	2002/0048343 A1	4/2002	Launay et al.	
7,315,607 B2	1/2008 Ramsauer	2002/0050986 A1	5/2002	Inouc et al.	
7,319,735 B2	1/2008 Defreitas et al.	2002/0070970 A1	6/2002	Wood et al.	
7,319,736 B2	1/2008 Rotondo	2002/0075997 A1	6/2002	Unger et al.	
7,323,692 B2	1/2008 Rowlands et al.	2002/0090055 A1	7/2002	Zur et al.	
7,331,264 B2	2/2008 Ozawa	2002/0094062 A1	7/2002	Dolazza	
7,430,272 B2	9/2008 Jing et al.	2002/0122533 A1	9/2002	Marie et al.	
7,443,949 B2	10/2008 Defreitas et al.	2002/0126798 A1	9/2002	Harris	
7,577,282 B2	8/2009 Gkanatsios et al.	2003/0007598 A1	1/2003	Wang et al.	
7,583,786 B2	9/2009 Jing et al.	2003/0010923 A1	1/2003	Zur	
7,609,806 B2	10/2009 Defreitas et al.	2003/0018272 A1	1/2003	Treado et al.	
7,616,731 B2	11/2009 Pack	2003/0026386 A1	2/2003	Tang et al.	
7,616,801 B2	11/2009 Gkanatsios et al.	2003/0058989 A1	3/2003	Rotondo	
7,630,531 B2	12/2009 Chui	2003/0072409 A1	4/2003	Kaufhold et al.	
7,630,533 B2	12/2009 Ruth et al.	2003/0072417 A1	4/2003	Kaufhold et al.	
7,688,940 B2	3/2010 Defreitas et al.	2003/0073895 A1	4/2003	Nields et al.	
7,697,660 B2	4/2010 Ning	2003/0095624 A1	5/2003	Eberhard et al.	
7,702,142 B2	4/2010 Ren et al.	2003/0097055 A1	5/2003	Yanof et al.	
7,760,853 B2	7/2010 Jing et al.	2003/0149364 A1	8/2003	Kapur	
7,760,924 B2	7/2010 Ruth et al.	2003/0169847 A1	9/2003	Karellas et al.	
7,792,245 B2	9/2010 Hitzke et al.	2003/0194050 A1	10/2003	Eberhard	
7,831,296 B2	11/2010 Defreitas et al.	2003/0194051 A1	10/2003	Wang et al.	
7,839,979 B2	11/2010 Hauttmann	2003/0194121 A1	10/2003	Eberhard et al.	
7,869,563 B2	1/2011 Defreitas et al.	2003/0210254 A1	11/2003	Doan et al.	
7,881,428 B2	2/2011 Jing et al.	2003/0212327 A1	11/2003	Wang et al.	
7,885,384 B2	2/2011 Mannar	2003/0215120 A1	11/2003	Uppaluri et al.	
7,894,646 B2	2/2011 Shirahata et al.	2004/0008809 A1	1/2004	Webber	
7,916,915 B2	3/2011 Gkanatsios et al.	2004/0066882 A1	4/2004	Eberhard et al.	
7,949,091 B2	5/2011 Jing et al.	2004/0066884 A1	4/2004	Hermann Claus	
7,986,765 B2	7/2011 Defreitas et al.	2004/0066904 A1	4/2004	Eberhard et al.	
7,991,106 B2	8/2011 Ren et al.	2004/0070582 A1	4/2004	Smith et al.	
8,031,834 B2	10/2011 Ludwig	2004/0094167 A1	5/2004	Brady et al.	
8,131,049 B2	3/2012 Ruth et al.	2004/0101095 A1	5/2004	Jing et al.	
8,155,421 B2	4/2012 Ren et al.	2004/0109529 A1	6/2004	Eberhard et al.	
8,170,320 B2	5/2012 Smith et al.	2004/0146221 A1	7/2004	Siegel et al.	
8,175,219 B2	5/2012 Defreitas et al.	2004/0171986 A1	9/2004	Tremaglio, Jr. et al.	
8,285,020 B2	10/2012 Gkanatsios et al.	2004/0190682 A1	9/2004	Deuringer et al.	
8,416,915 B2	4/2013 Jing et al.	2004/0213378 A1	10/2004	Zhou et al.	
8,452,379 B2	5/2013 DeFreitas et al.	2004/0247081 A1	12/2004	Halsmer	
8,457,282 B2	6/2013 Baorui et al.	2004/0264627 A1	12/2004	Besson	
8,515,005 B2	8/2013 Ren et al.	2004/0267157 A1	12/2004	Miller et al.	
8,559,595 B2	10/2013 Defreitas et al.	2005/0025278 A1	2/2005	Hagiwara	
8,565,372 B2	10/2013 Stein et al.	2005/0049521 A1	3/2005	Miller et al.	
8,565,374 B2	10/2013 DeFreitas et al.	2005/0063509 A1	3/2005	DeFreitas et al.	
8,565,860 B2	10/2013 Kimchy	2005/0078797 A1	4/2005	Danielsson et al.	
8,571,289 B2	10/2013 Ruth et al.	2005/0089205 A1	4/2005	Kapur	
8,712,127 B2	4/2014 Ren et al.	2005/0105679 A1	5/2005	Wu et al.	
8,767,911 B2	7/2014 Ren et al.	2005/0113681 A1	5/2005	DeFreitas et al.	
8,787,522 B2	7/2014 Smith et al.				

(56)

References Cited

U.S. PATENT DOCUMENTS

2005/0113715	A1	5/2005	Schwindt et al.
2005/0117694	A1	6/2005	Francke
2005/0129172	A1	6/2005	Mertelmeier
2005/0133706	A1	6/2005	Eberhard
2005/0135555	A1	6/2005	Claus et al.
2005/0135664	A1	6/2005	Kaufhold et al.
2005/0226375	A1	10/2005	Eberhard et al.
2005/0248347	A1	11/2005	Damadian
2006/0030784	A1	2/2006	Miller et al.
2006/0034426	A1	2/2006	Freudenberger
2006/0074288	A1	4/2006	Kelly
2006/0098855	A1	5/2006	Gkanatsios et al.
2006/0109951	A1	5/2006	Popescu
2006/0126780	A1	6/2006	Rotondo
2006/0129062	A1	6/2006	Nicoson et al.
2006/0155209	A1	7/2006	Miller et al.
2006/0210016	A1	9/2006	Francke
2006/0262898	A1	11/2006	Partain
2006/0269041	A1	11/2006	Mertelmeier
2006/0291618	A1	12/2006	Eberhard et al.
2007/0030949	A1	2/2007	Jing et al.
2007/0036265	A1	2/2007	Jing et al.
2007/0076844	A1	4/2007	Defreitas et al.
2007/0078335	A1	4/2007	Horn
2007/0140419	A1	6/2007	Souchay
2007/0223651	A1	9/2007	Wagenaar et al.
2007/0225600	A1	9/2007	Weibrecht et al.
2007/0242800	A1	10/2007	Jing et al.
2007/0280412	A1	12/2007	DeFreitas
2008/0019581	A1	1/2008	Gkanatsios et al.
2008/0045833	A1	2/2008	Defreitas et al.
2008/0056436	A1	3/2008	Pack
2008/0101537	A1	5/2008	Sendai
2008/0112534	A1	5/2008	Defreitas
2008/0118023	A1	5/2008	Besson
2008/0130979	A1	6/2008	Ren
2008/0212861	A1	9/2008	Durgan et al.
2008/0285712	A1	11/2008	Kopans
2008/0317196	A1	12/2008	Imai
2009/0003519	A1	1/2009	Defreitas et al.
2009/0010384	A1	1/2009	Jing et al.
2009/0080594	A1	3/2009	Brooks et al.
2009/0080602	A1	3/2009	Brooks et al.
2009/0135997	A1	5/2009	Defreitas et al.
2009/0141859	A1	6/2009	Gkanatsios et al.
2009/0213987	A1	8/2009	Stein et al.
2009/0237924	A1	9/2009	Ladewig
2009/0238424	A1	9/2009	Arakita et al.
2009/0262887	A1	10/2009	lordache
2009/0268865	A1	10/2009	Ren et al.
2009/0296882	A1	12/2009	Gkanatsios
2009/0304147	A1	12/2009	Jing et al.
2010/0020937	A1	1/2010	Hautmann
2010/0020938	A1	1/2010	Koch
2010/0034450	A1	2/2010	Mertelmeier
2010/0054400	A1	3/2010	Ren
2010/0086188	A1	4/2010	Ruth
2010/0091940	A1	4/2010	Ludwig et al.
2010/0150306	A1	6/2010	Defreitas et al.
2010/0189227	A1	7/2010	Mannar
2010/0195882	A1	8/2010	Ren
2010/0226475	A1	9/2010	Smith
2010/0290585	A1	11/2010	Eliasson
2010/0303202	A1	12/2010	Ren
2010/0313196	A1	12/2010	Zou
2011/0026667	A1	2/2011	Poorter
2011/0069809	A1	3/2011	Defreitas et al.
2011/0178389	A1	7/2011	Kumar et al.
2011/0188624	A1	8/2011	Ren
2011/0234630	A1	9/2011	Batman et al.
2011/0257919	A1	10/2011	Reiner
2011/0268246	A1	11/2011	Dafni
2012/0033868	A1	2/2012	Ren
2012/0051502	A1	3/2012	Ohta et al.
2012/0236987	A1	9/2012	Ruimi
2012/0238870	A1	9/2012	Smith et al.
2013/0028374	A1	1/2013	Gkanatsios et al.
2013/0211261	A1	8/2013	Wang
2013/0272493	A1	10/2013	Otokuni
2013/0272494	A1	10/2013	DeFreitas et al.
2014/0044230	A1	2/2014	Stein et al.
2014/0044231	A1	2/2014	Defreitas et al.
2014/0086471	A1	3/2014	Ruth et al.
2014/0098935	A1	4/2014	Defreitas et al.
2014/0232752	A1	8/2014	Ren et al.
2014/0314198	A1	10/2014	Ren et al.
2014/0321607	A1	10/2014	Smith
2014/0328458	A1	11/2014	Erhard
2014/0376690	A1	12/2014	Jing et al.
2015/0049859	A1	2/2015	DeFreitas et al.
2015/0160848	A1	6/2015	Gkanatsios et al.
2015/0310611	A1	10/2015	Gkanatsios et al.
2016/0106383	A1	4/2016	Ren et al.
2016/0189376	A1	6/2016	Bernard
2016/0209995	A1	7/2016	Jeon
2016/0220207	A1	8/2016	Jouhikainen
2016/0256125	A1	9/2016	Smith
2016/0270742	A9	9/2016	Stein et al.
2016/0302746	A1	10/2016	Erhard
2016/0331339	A1	11/2016	Guo
2017/0024113	A1	1/2017	Gkanatsios et al.
2017/0032546	A1	2/2017	Westerhoff
2017/0071562	A1	3/2017	Suzuki
2017/0128028	A1	5/2017	DeFreitas et al.
2017/0135650	A1	5/2017	Stein et al.
2017/0316588	A1	11/2017	Homann
2017/0319167	A1	11/2017	Goto
2018/0130201	A1	5/2018	Bernard
2018/0177476	A1	6/2018	Jing et al.
2018/0188937	A1	7/2018	Gkanatsios et al.
2018/0289347	A1	10/2018	DeFreitas et al.
2018/0344276	A1	12/2018	DeFreitas et al.
2019/0059830	A1	2/2019	Williams
2019/0095087	A1	3/2019	Gkanatsios et al.
2019/0200942	A1	7/2019	DeFreitas
2019/0336794	A1	11/2019	Li
2019/0388051	A1	12/2019	Morita
2020/0012417	A1	1/2020	Gkanatsios
2020/0029927	A1	1/2020	Wilson
2020/0085393	A1	3/2020	Zhang
2020/0348835	A1	11/2020	Gkanatsios
2020/0352531	A1	11/2020	Smith
2021/0128087	A1	5/2021	DeFreitas
2022/0071582	A1	3/2022	DeFreitas

FOREIGN PATENT DOCUMENTS

DE	102004051401	5/2006
DE	102004051820	5/2006
DE	102010027871	10/2011
EP	0982001	3/2000
EP	1028451	8/2000
EP	1428473	6/2004
EP	1759637	3/2007
EP	0775467	10/2011
EP	1569556	4/2012
EP	2732764	5/2014
EP	2602743	11/2014
EP	2819145	12/2014
EP	3143935	3/2017
JP	53151381	U 11/1978
JP	2001-346786	12/2001
JP	2002219124	8/2002
JP	2006-231054	9/2006
JP	2007-50264	3/2007
JP	2007-521911	8/2007
JP	2007229269	9/2007
JP	2008-67933	3/2008
JP	2008086471	4/2008
JP	2009500048	1/2009
JP	2011-072667	A 4/2011
JP	2011-250842	A 12/2011
JP	2012-509714	4/2012
JP	2012-511988	5/2012

(56)

References Cited

FOREIGN PATENT DOCUMENTS

JP	2015-530706	10/2015
WO	WO 9803115	1/1998
WO	WO 98/16903	4/1998
WO	WO 00/51484	9/2000
WO	WO 03/020114	3/2003
WO	WO 03037046	5/2003
WO	WO 2003/057564	7/2003
WO	WO 2004/043535	5/2004
WO	WO 2005/051197	6/2005
WO	WO 2005/110203	11/2005
WO	WO 2005/112767	12/2005
WO	WO 2006/055830	5/2006
WO	WO 2006/058160	6/2006
WO	WO 2007/129244	11/2007
WO	WO 2008/072144	6/2008
WO	WO 2009/122328	10/2009
WO	WO 2009/136349	11/2009
WO	WO 2010/070554	6/2010
WO	2011/058730 A1	5/2011
WO	WO 90/05485	12/2013
WO	WO 2013/184213	12/2013
WO	2014/176445 A2	10/2014
WO	WO 2018/170265	9/2018

OTHER PUBLICATIONS

PCT International Search Report and Written Opinion in Application PCT/IB2018/056208, dated Nov. 13, 2018, 12 pages.

European Communication and Search Report in Application 18847121.3, dated Apr. 8, 2021, 5 pages.

"Essentials for life: Senographe Essential Full-Field Digital Mammography system", GE Health-care Brochure, MM-0132-05.06-EN-US, 2006, 12 pgs.

"Filtered Back Projection," (NYGREN) published May 8, 2007; URL:<http://web.archive.org/web/19910131715/https://www.owinet.rice.edu/~about.ec539/Projects97/cult/node2.html>, 2 pgs.

"Lorad Selenia" Document B-BI-SEO US/Intl (May 2006) copy-right Hologic 2006, 12 pgs.

Acrin website, located at <https://www.acrin.org/Patients/AboutImagingExamsandAgents/AboutMammographyandTomosynthesis.aspx>, "About Mammography and Tomosynthesis", obtained online on Dec. 8, 2015, 5 pgs.

American College of Radiology website, located at <http://www.acr.org/FAQs/DBT-FAQ>, "Digital Breast Tomosynthesis FAQ for Insurers", obtained online on Dec. 8, 2015, 2 pgs.

Aslund, Magnus, "Digital Mammography with a Photon Counting Detector in a Scanned Multislit Geometry", Doctoral Thesis, Dept of Physics, Royal Institute of Technology, Stockholm, Sweden, Apr. 2007, 51 pages.

Chan, Heang-Ping et al., "ROC study of the effect of stereoscopic imaging on assessment of breast lesions", Medical Physics, vol. 32, No. 4, Apr. 2005, 7 pgs.

Cole, Elodia, et al., "The Effects of Gray Scale Image Processing on Digital Mammography Interpretation Performance", Academic Radiology, vol. 12, No. 5, pp. 585-595, May 2005.

Digital Clinical Reports, Tomosynthesis, GE Brochure 98-5493, Nov. 1998, 8 pgs.

Dobbins, James T., "Digital x-ray tomosynthesis: current state of the art and clinical potential," Physics in Medicine and Biology, Taylor and Francis LTD, Londong GB, vol. 48, No. 19, Oct. 7, 2003, 42 pages.

Grant, David G., "Tomosynthesis: a three-dimensional imaging technique", IEEE Trans. Biomed. Engineering, vol. BME-19, #1, Jan. 1972, pp. 20-28.

Japanese Notice of Rejection in Application 2018-554775, dated Feb. 22, 2021, 10 pages.

Japanese Office Action mailed in Application 2016-087710, dated Mar. 1, 2017, 5 pages.

Japanese Office Action mailed in Application 2017-001579, dated Mar. 29, 2017, 1 page. (No English Translation.)

Kaachelriess, Marc et al., "Flying Focal Spot (FFS) in Cone-Beam CT", 2004 IEEE Nuclear Science Symposium Conference Record, Oct. 16-22, 2004, Rome Italy, vol. 6, pp. 3759-3763.

Kita et al., "Corresponding between different view breast X-rays using simulation of breast deformation", Proceedings 1998 IEE Computer Society Conference on Computer Vision and Pattern Recognition, Santa Barbara, CA, Jun. 23-25, 1998, pp. 700-707.

Kopans, Daniel B., "Breast Imaging", Chapter 26: Future Advances in Breast Imaging, 2nd Edition, Lippincott-Raven Publishers, Philadelphia, 1998, 37 pages.

Mammographic Accreditation Phantom, <http://www.cirsinc.com/pds/015cp.pdf>. (2006), 2 pgs.

Niklason et al., "Digital breast tomosynthesis: potentially a new method for breast cancer screening", In Digital Mammography, 1998, 6 pages.

Niklason, Loren T. et al., "Digital Tomosynthesis in Breast Imaging", Radiology, Nov. 1997, vol. 205, No. 2, pp. 399-406.

Pediconi, Federica et al., "Color-coded automated signal intensity-curve for detection and characterization of breast lesions: Preliminary evaluation of a new software for MR-based breast imaging", International Congress Series 1281 (2005) 1081-1086.

Pisano, Etta D., "Digital Mammography", Radiology, vol. 234, No. 2, Feb. 2005, pp. 353-362.

Senographe 700 & 800T (GE); 2-page download on Jun. 22, 2006 from www.gehealthcare.com/inen/rad/whe/products/mswh800t.html; Figures 1-7 on 4 Sheets re lateral shift compression paddle, 2 pgs.

Smith, A., "Fundamentals of Breast Tomosynthesis", White Paper, Hologic Inc., WP-00007, Jun. 2008, 8 pgs.

Smith, Andrew, PhD, "Full Field Breast Tomosynthesis", Hologic White Paper, Oct. 2004, 6 pgs.

Thurfjell, "Mammography screening: one versus two views and independent double reading", Acta Radiologica 25, No. 4, 1994, pp. 345-350.

Wheeler F. W., et al. "Micro-Calcification Detection in Digital Tomosynthesis Mammography", Proceedings of SPIE, Conf-Physics of Semiconductor Devices, Dec. 11, 2001 to Dec. 15, 2001, Delhi, SPIE, US, vol. 6144, Feb. 13, 2006, 12 pgs.

Wu, Tao, et al. "Tomographic Mammography Using a Limited Number of Low-Dose Cone-Beam Projection Images" Medical Physics, AIP, Melville, NY, vol. 30, No. 3, Mar. 1, 2003, pp. 365-380.

* cited by examiner

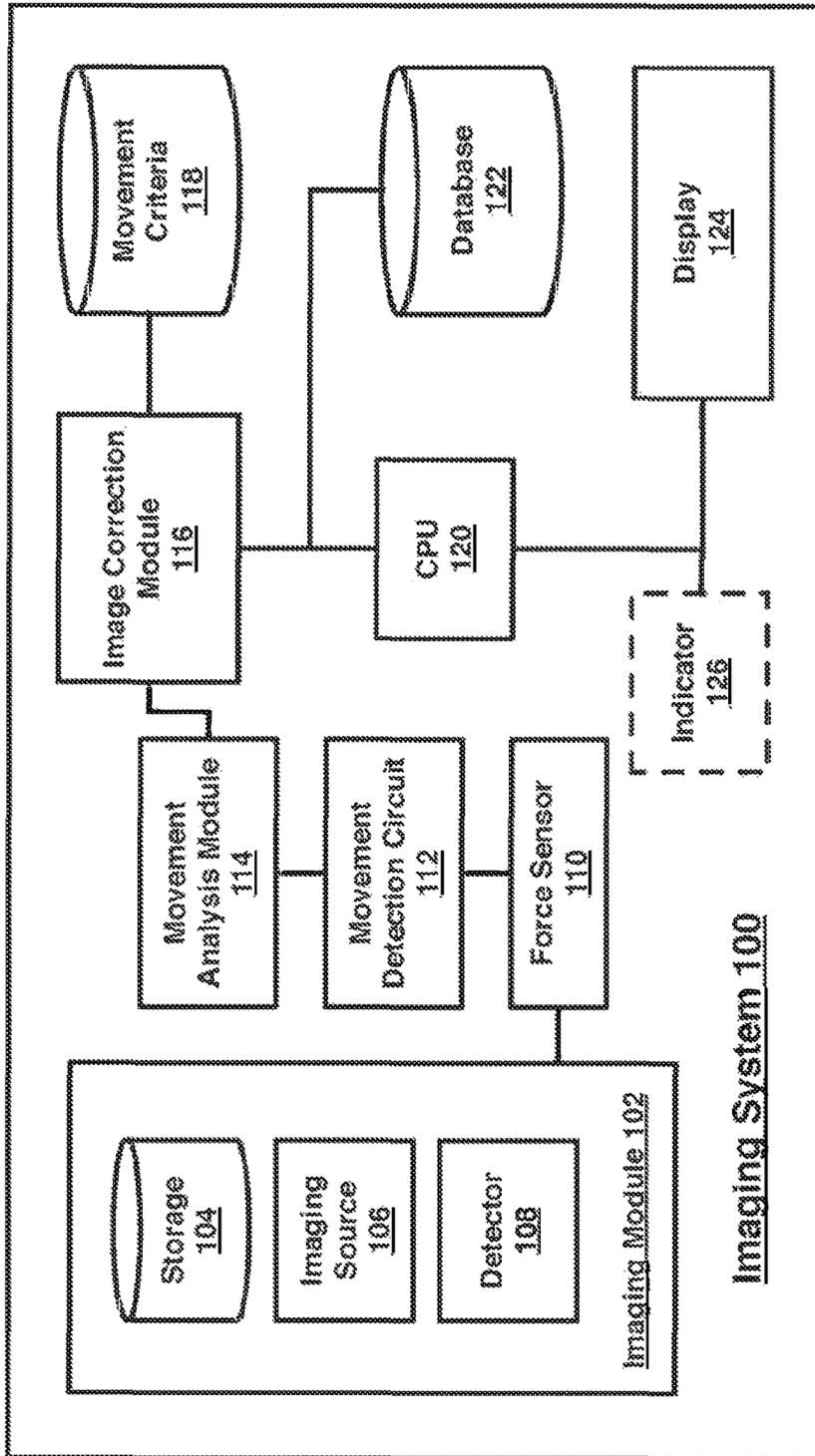


FIG. 1

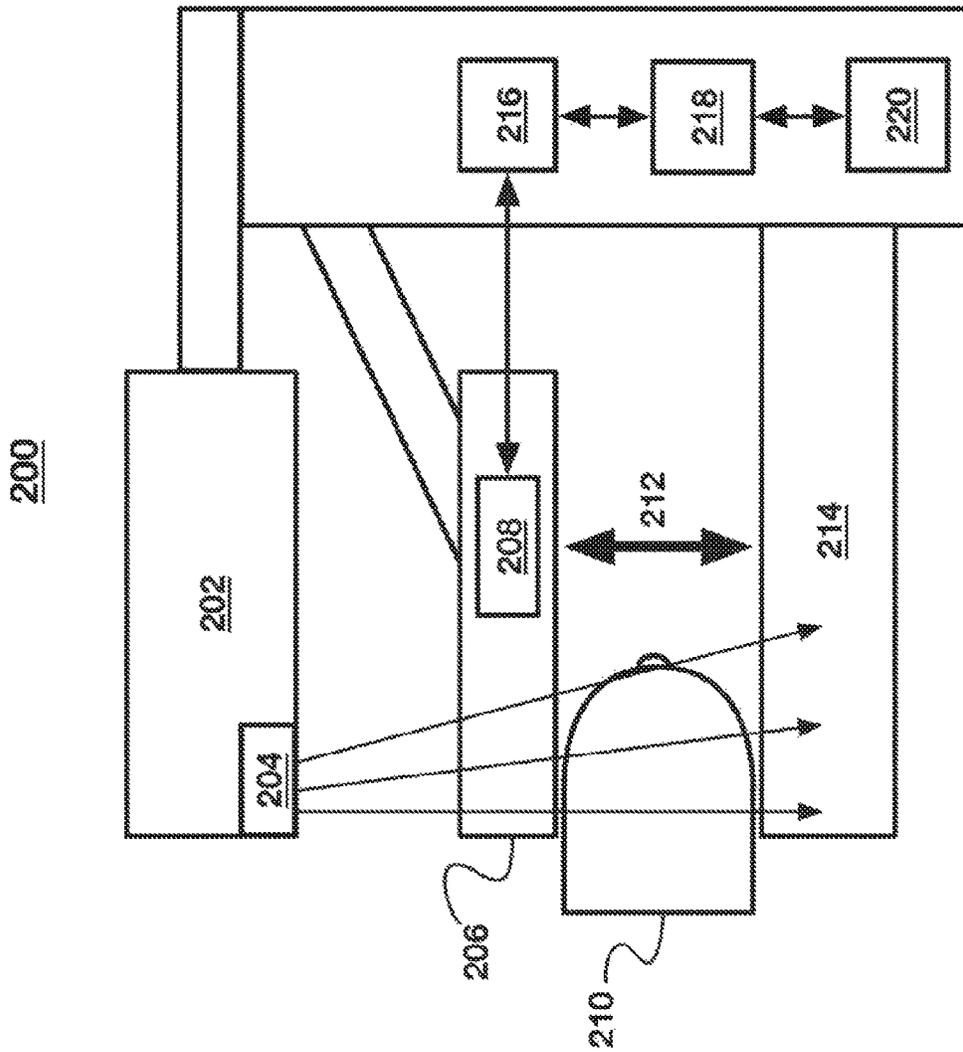


FIG. 2

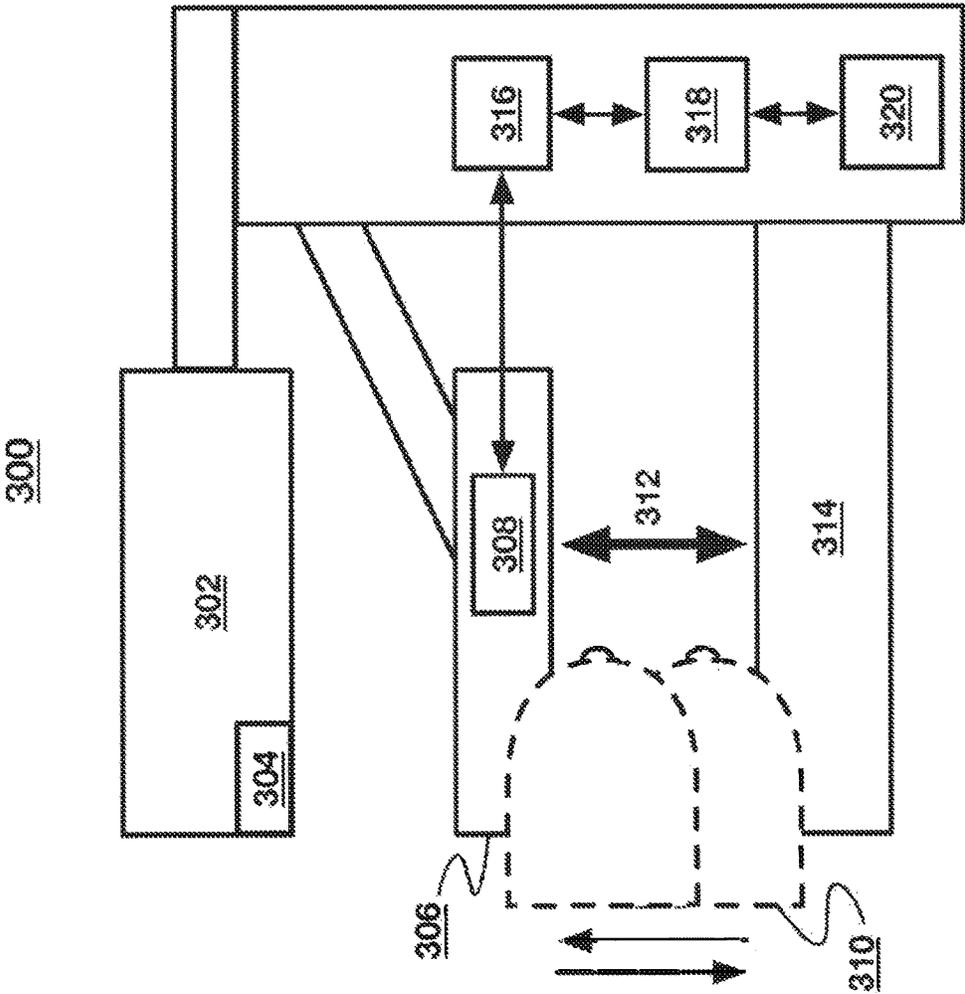


FIG. 3

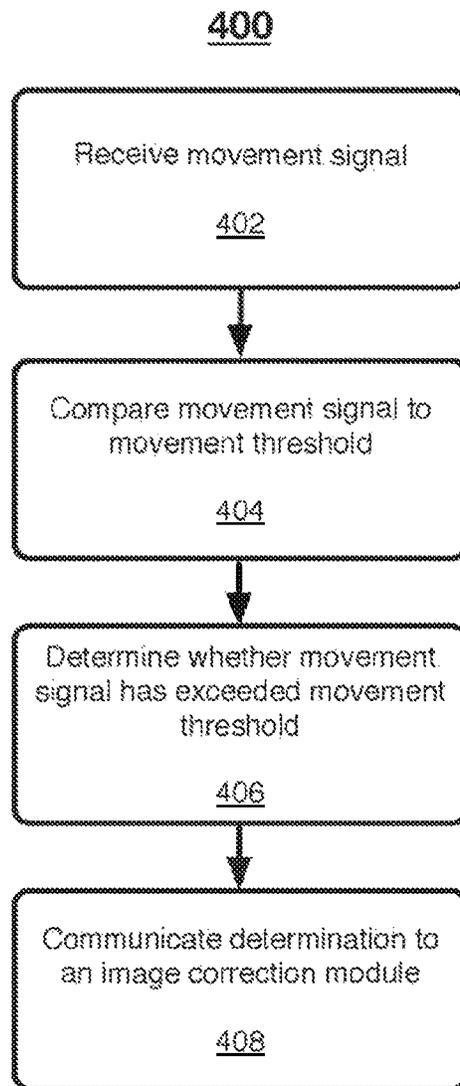


FIG. 4

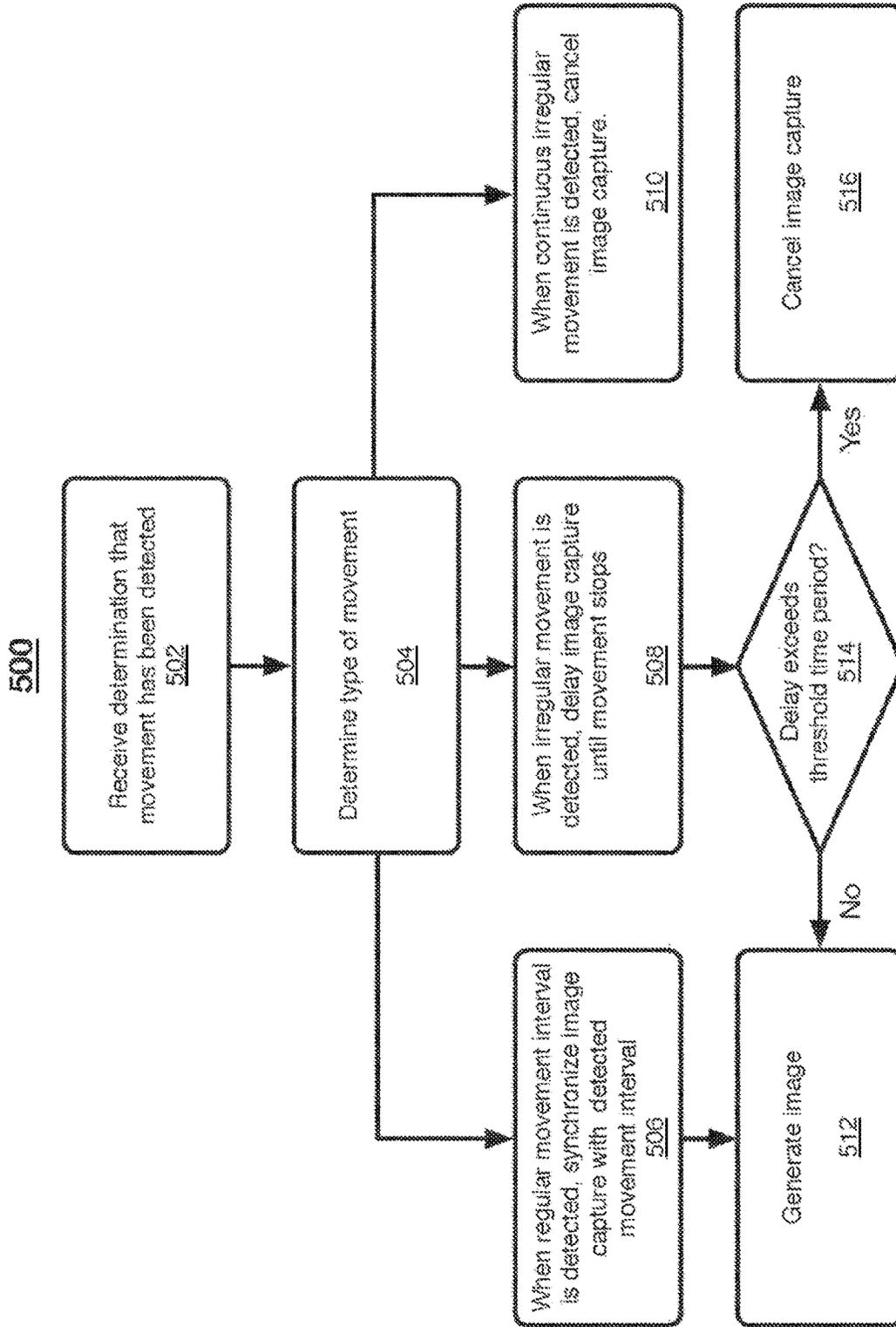


FIG. 5

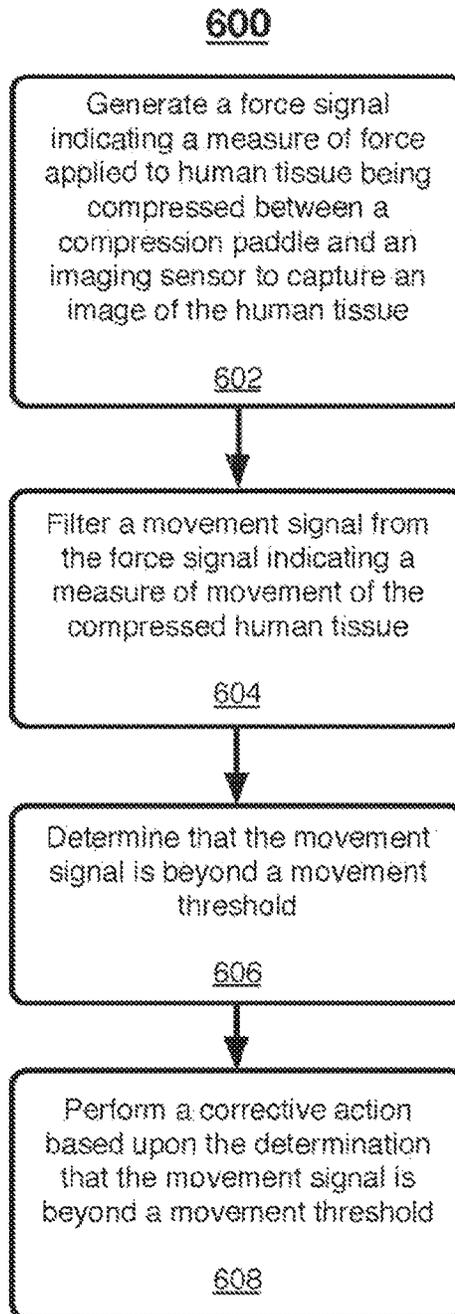
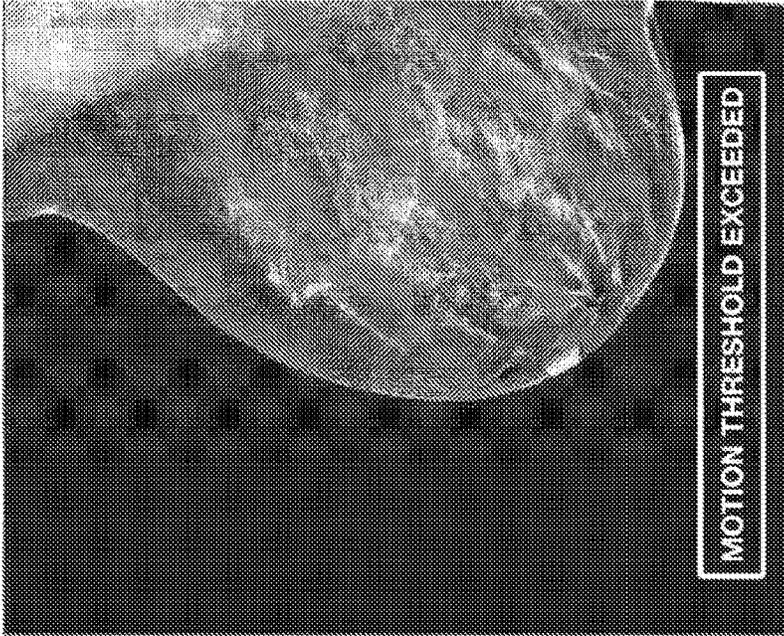


FIG. 6

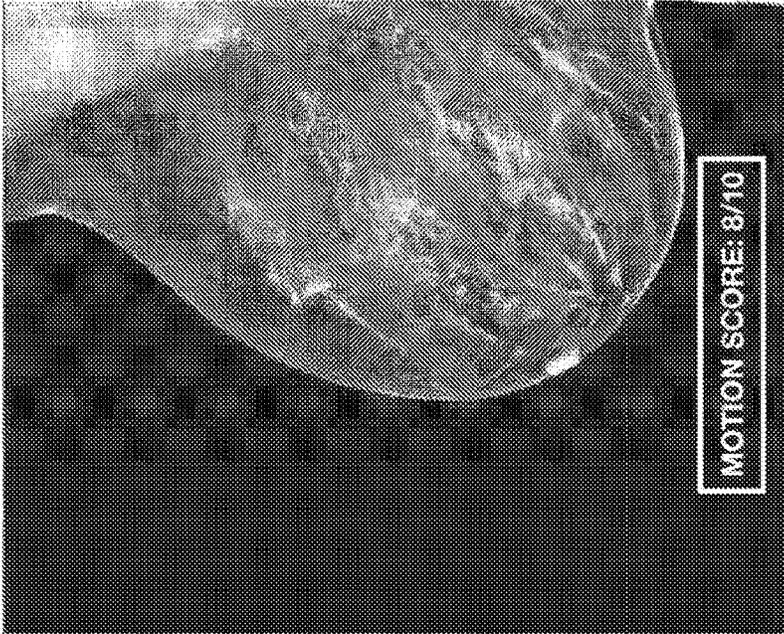
700



702

FIG. 7

800



802

FIG. 8 A

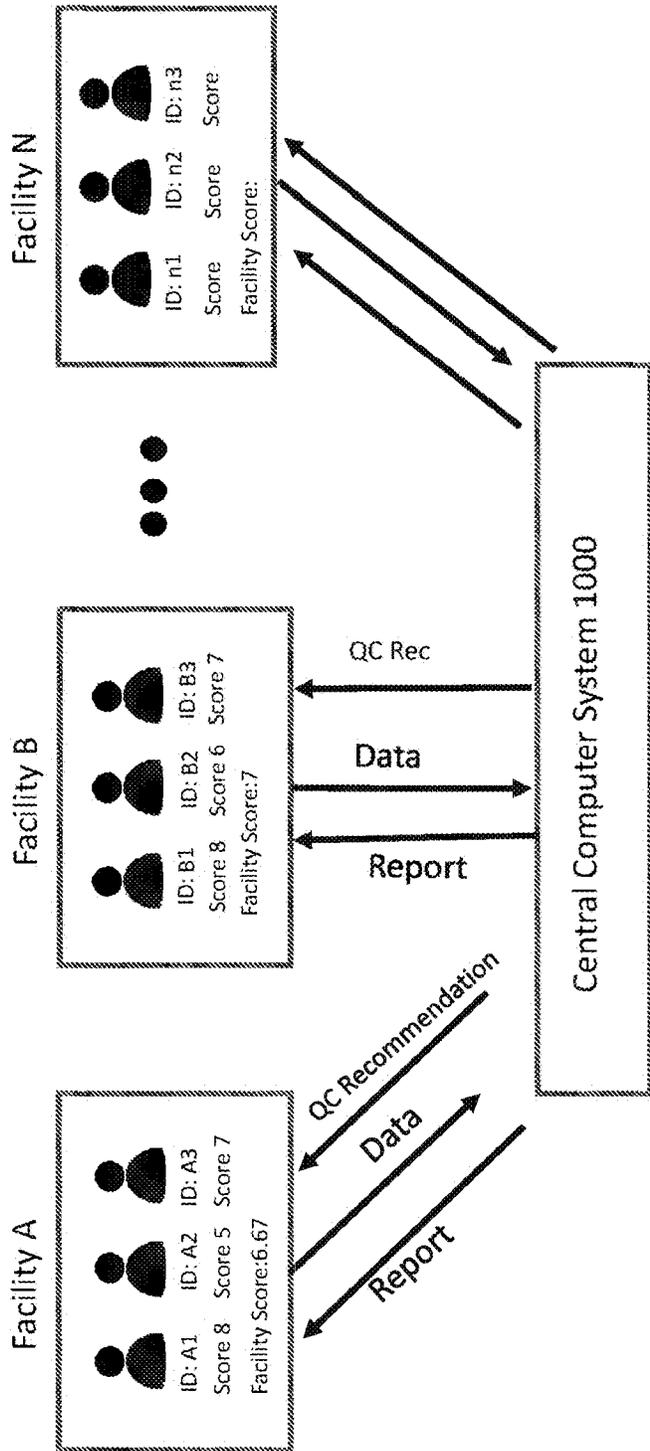


FIG. 8B

814

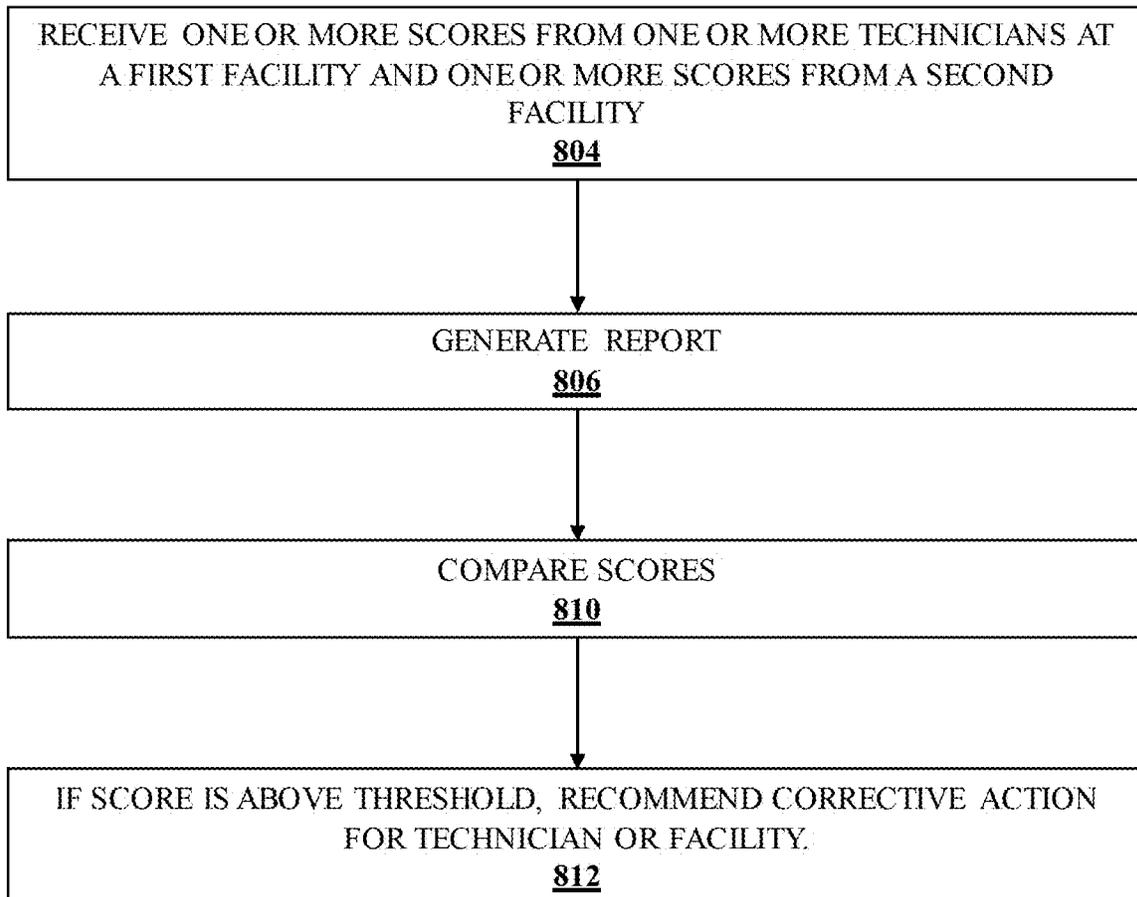


FIG. 8C

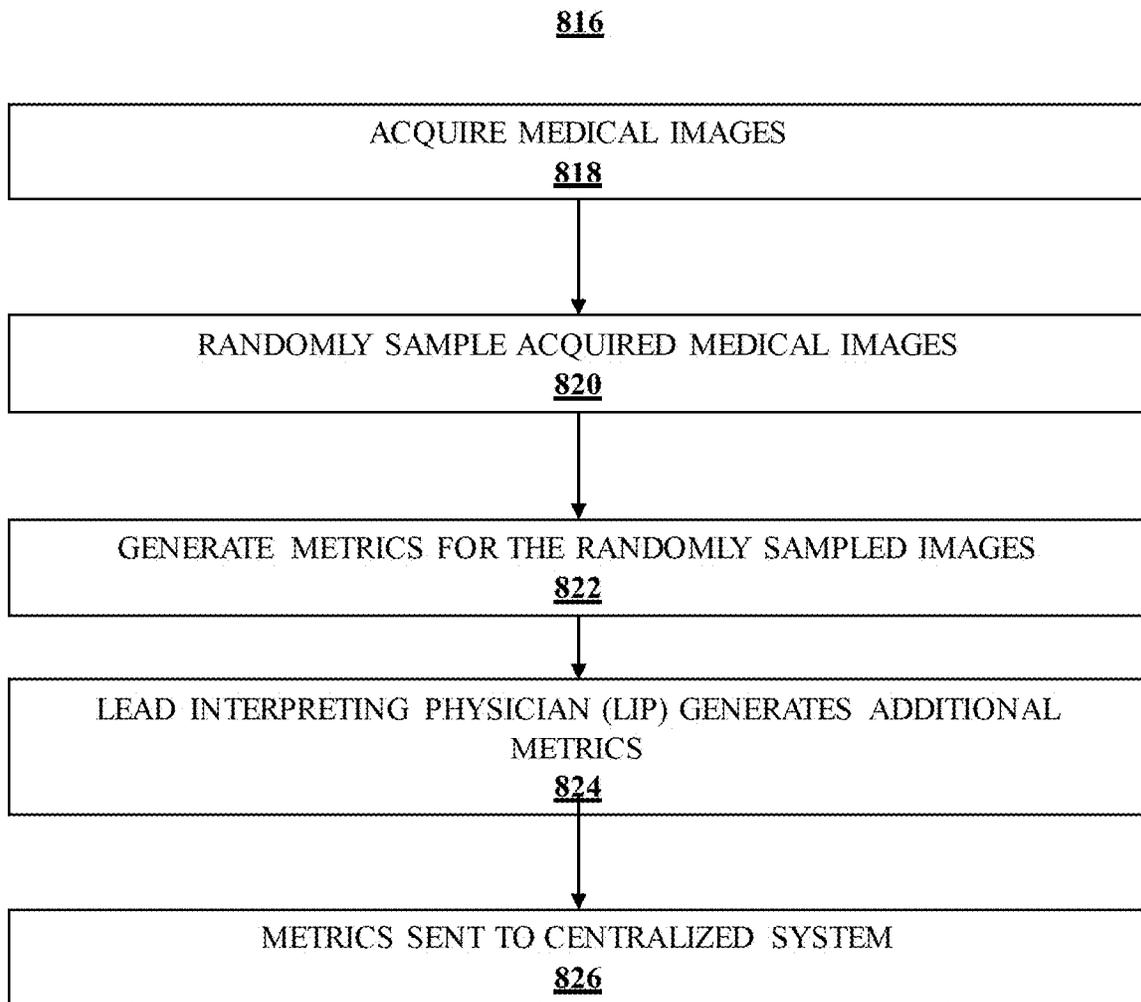


FIG. 8D

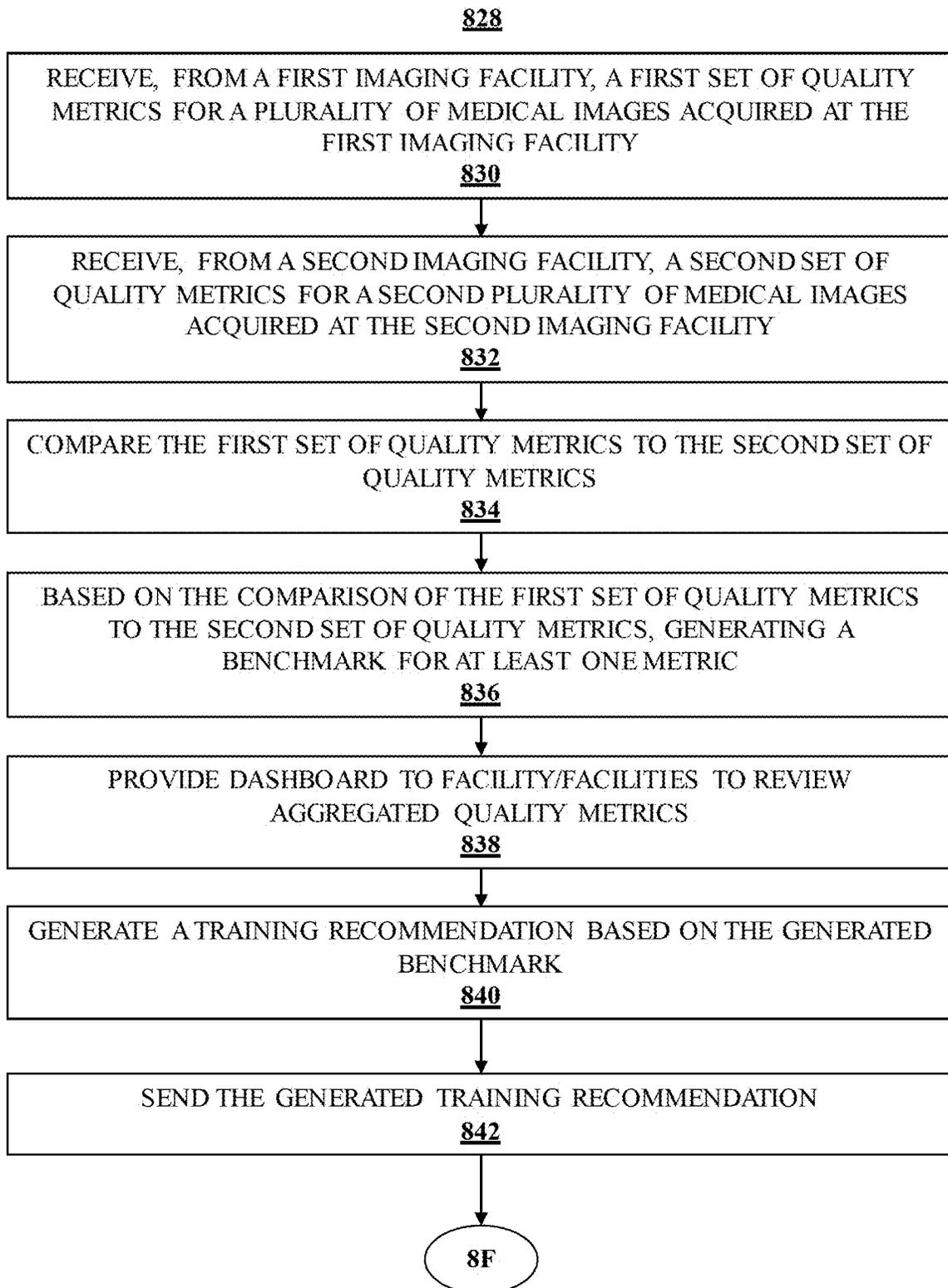


FIG. 8E

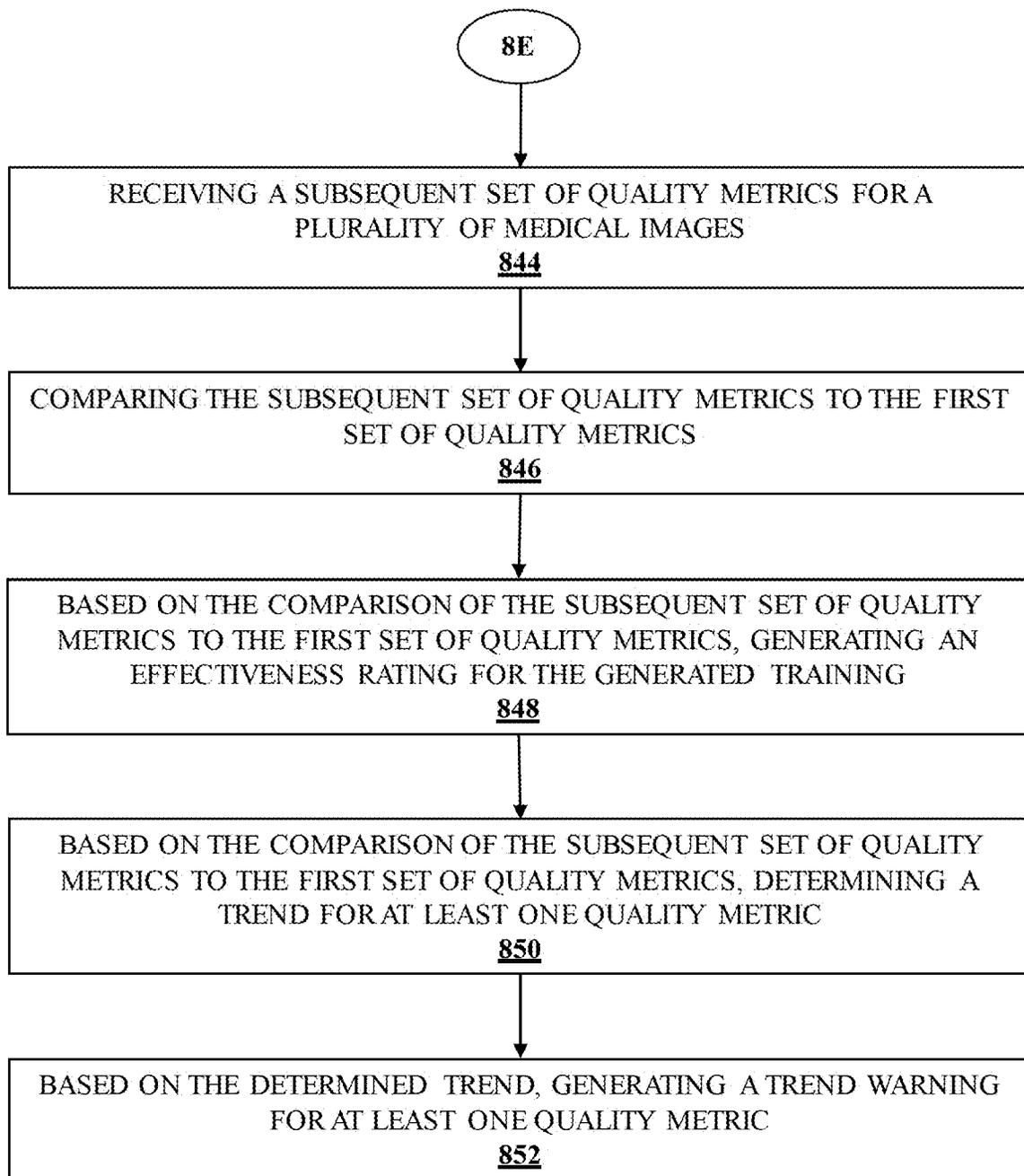


FIG. 8F

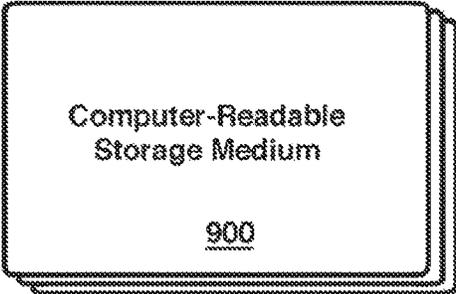


FIG. 9

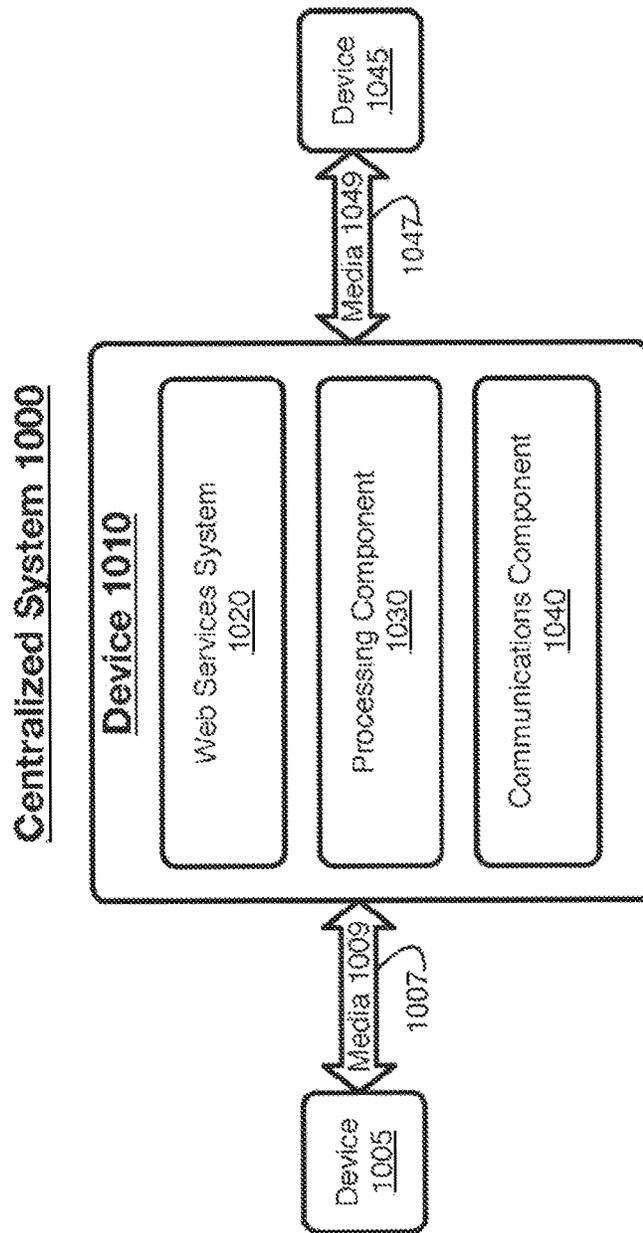


FIG. 10

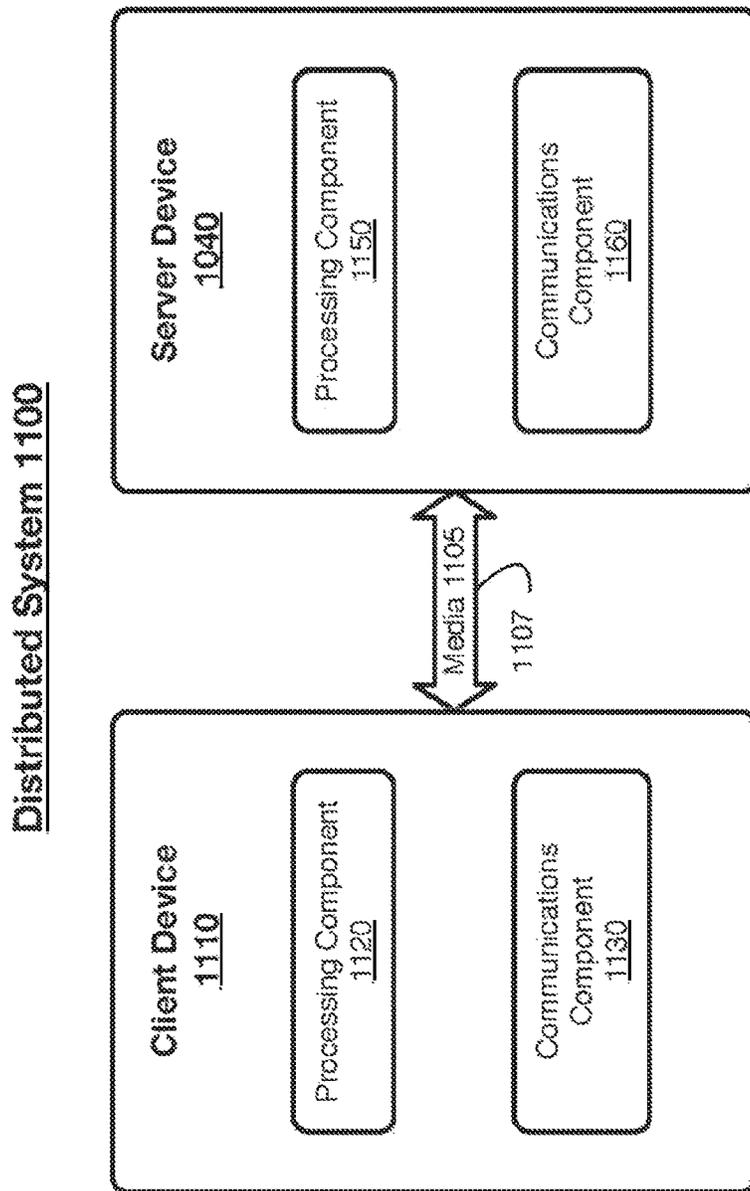


FIG. 11

Computing Architecture 1200

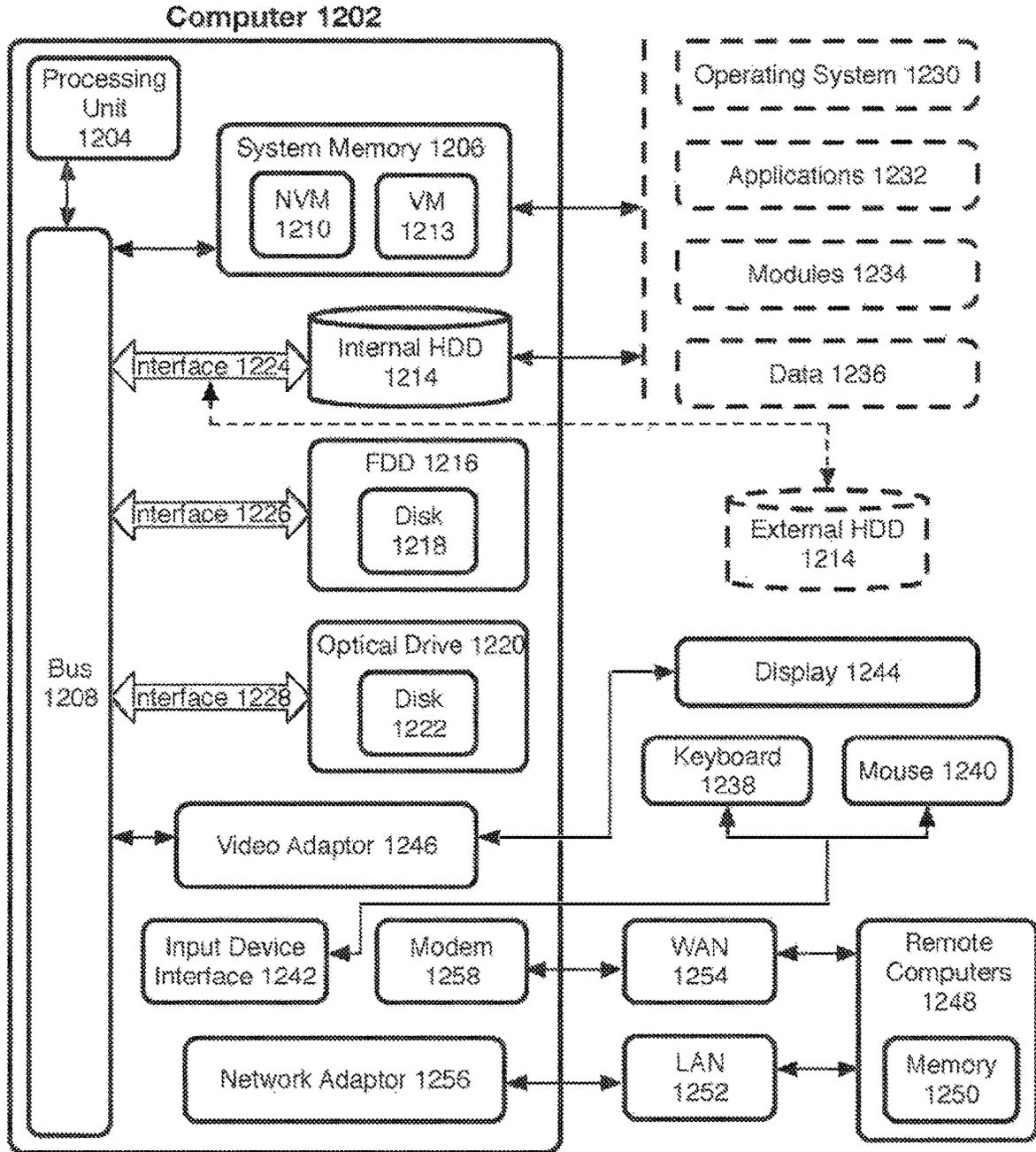


FIG. 12

Communications Architecture 1300

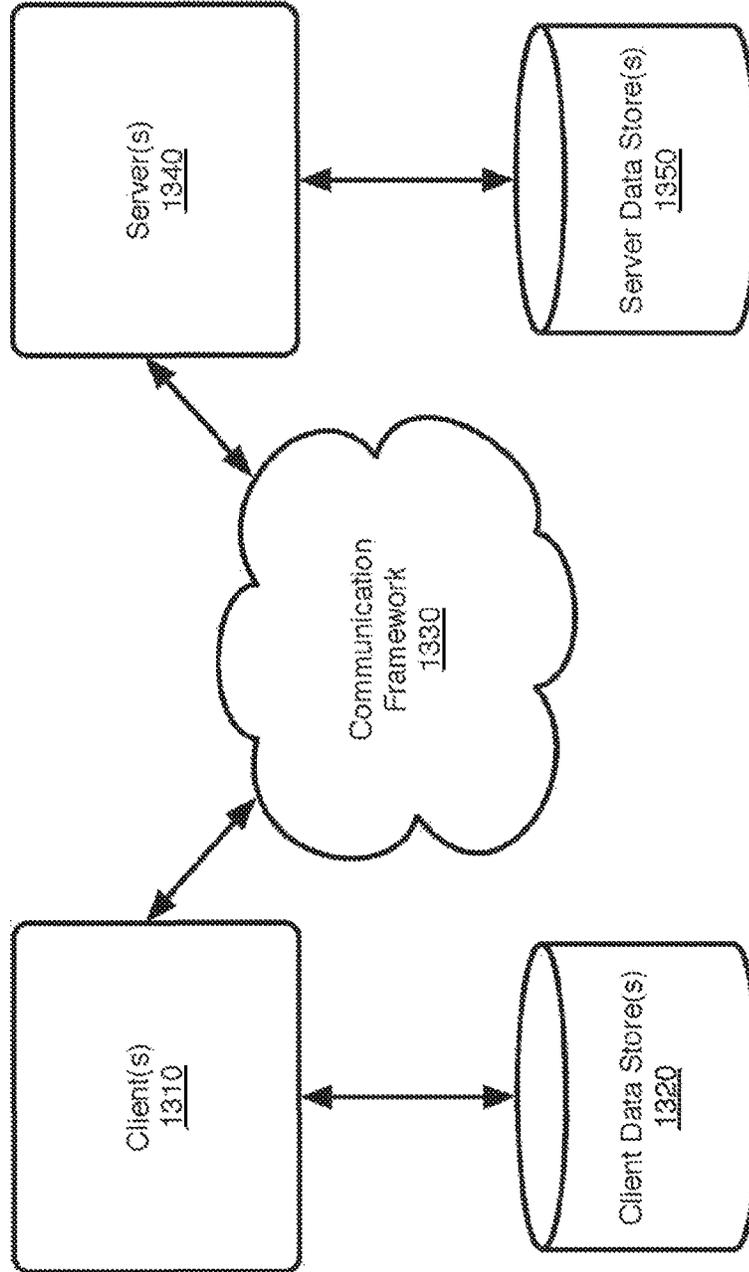


FIG. 13

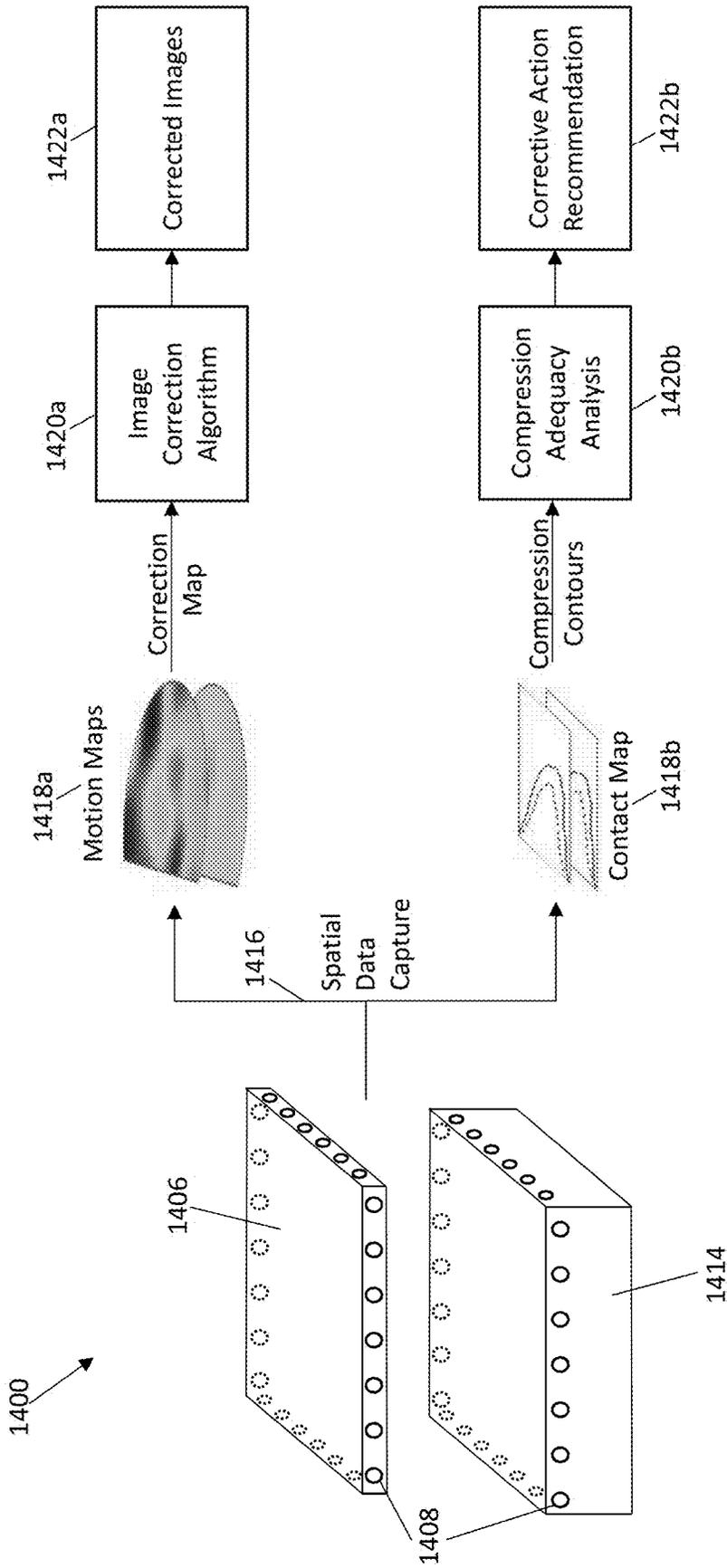


FIG. 14A

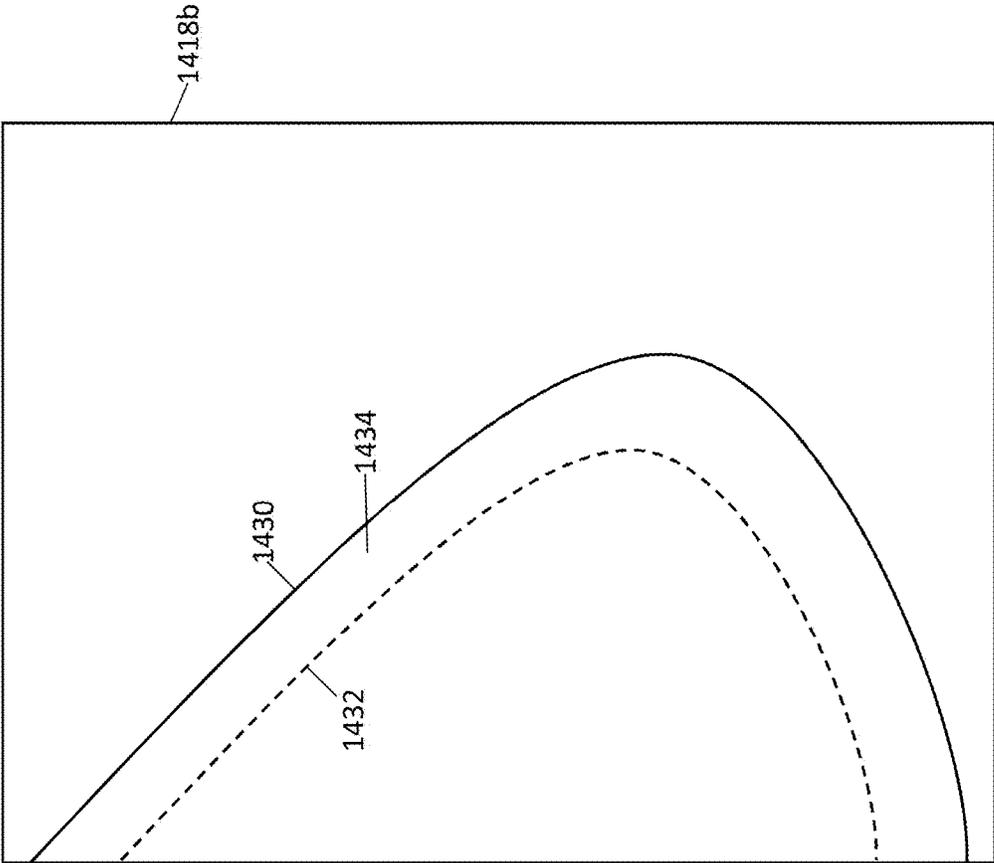


FIG. 14B

1500

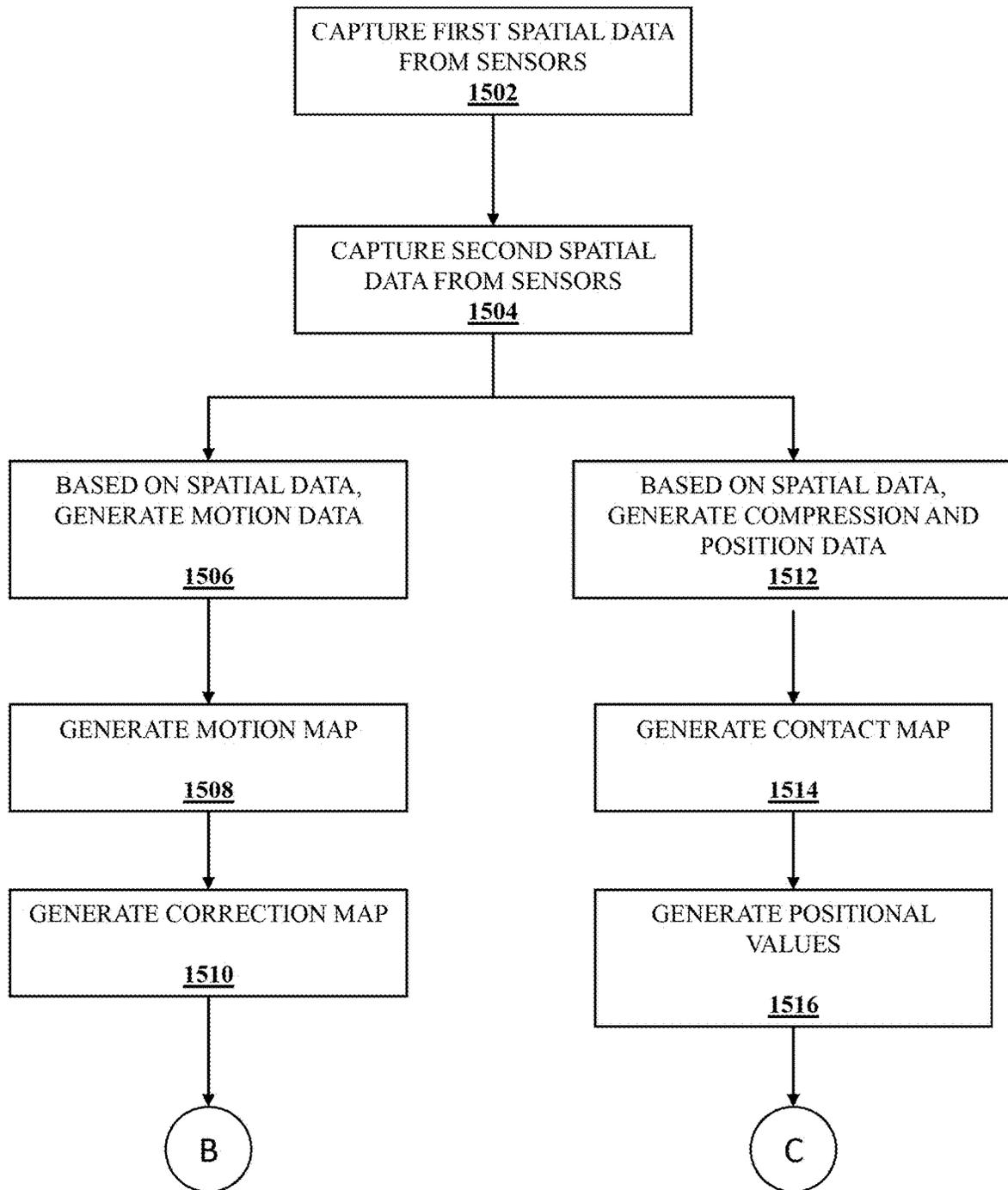


FIG. 15A

1500

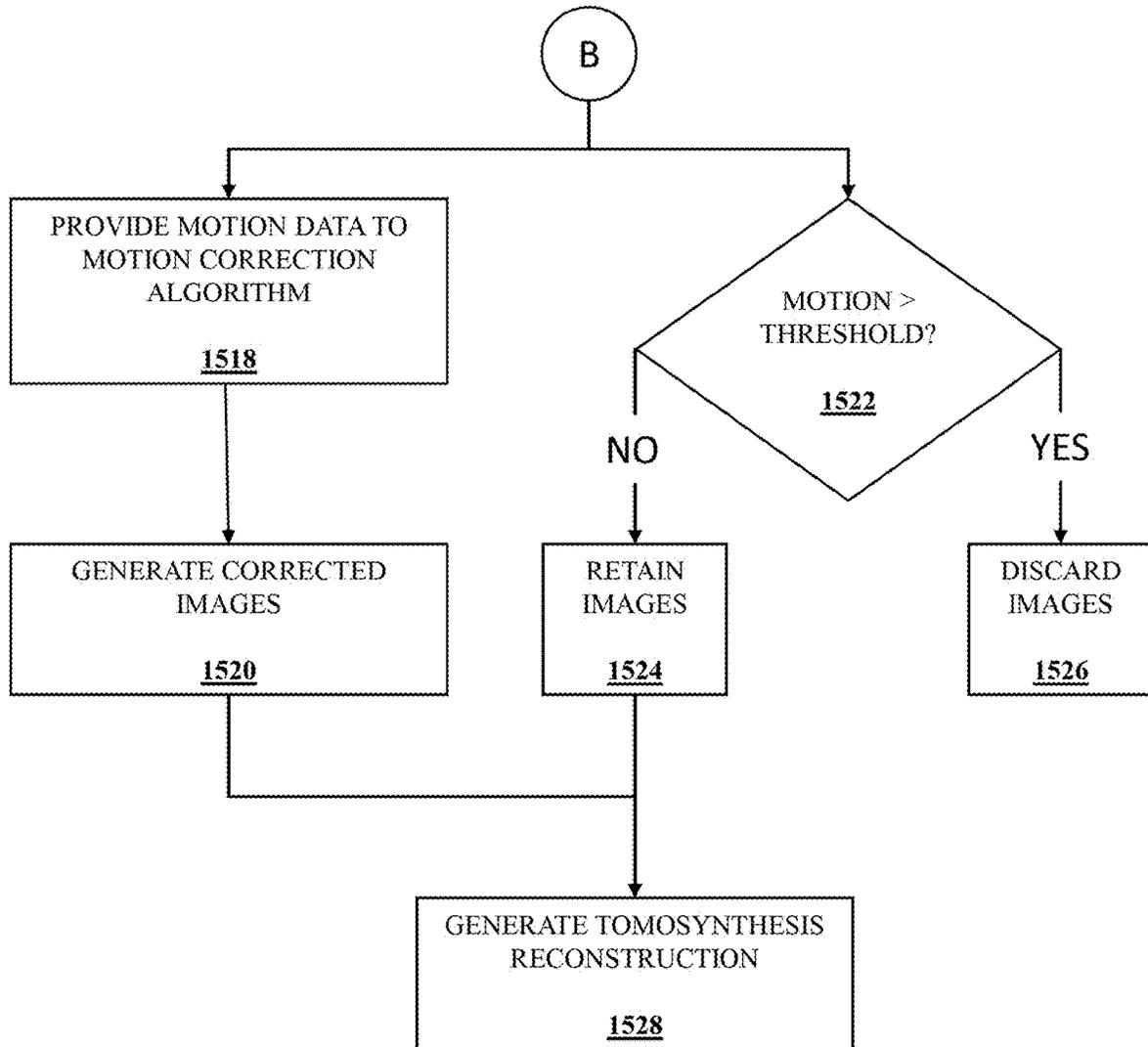


FIG. 15B

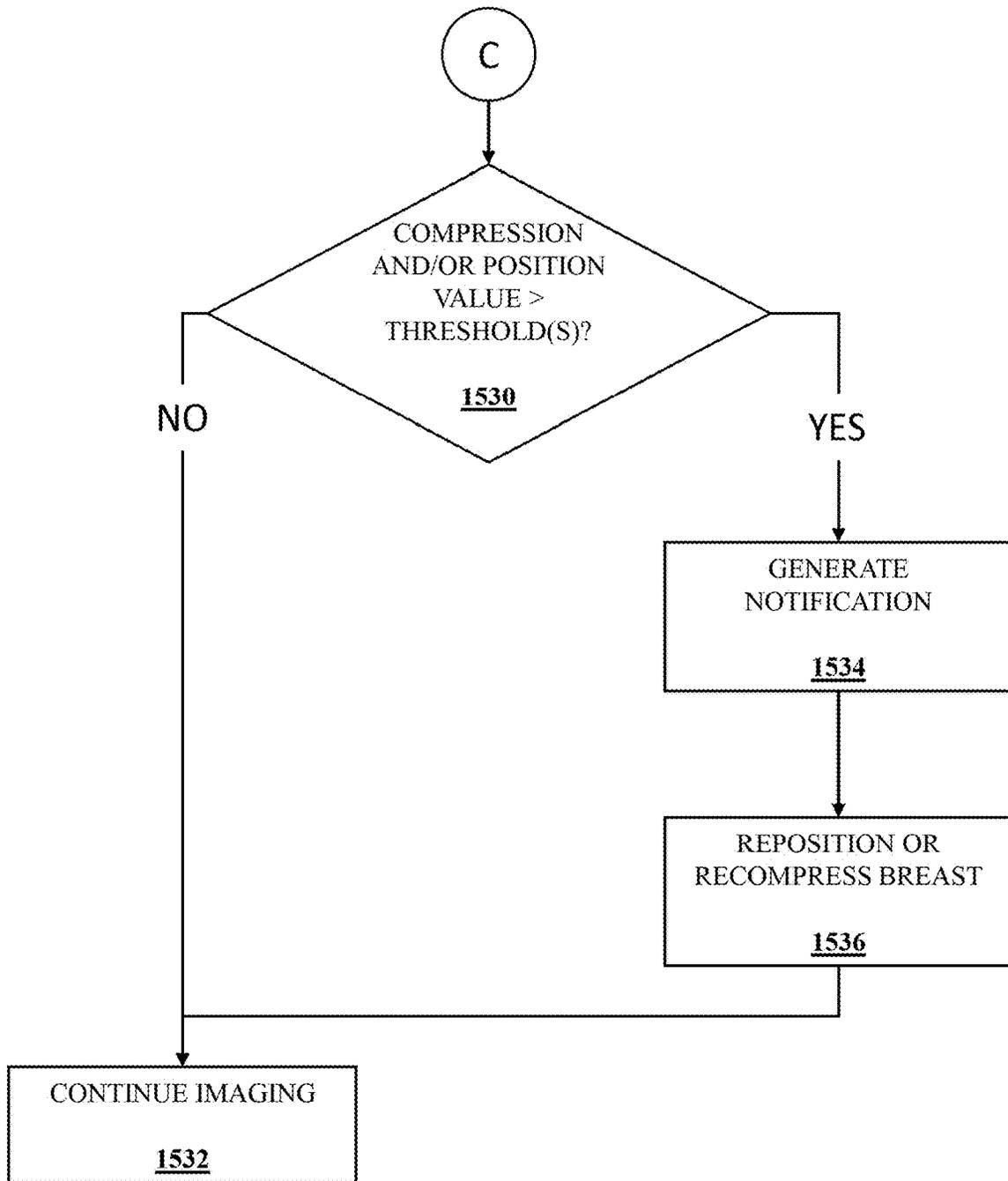


FIG. 15C

IMAGE QUALITY COMPLIANCE TOOL

RELATED APPLICATIONS

This application is a continuation-in-part of International Application PCT/IB2018/056208, with an international filing date of Aug. 16, 2018, which claims priority to U.S. Provisional Patent Application Ser. No. 62/546,167, titled “Techniques for Breast Imaging Patient Motion Artifact Compensation” and filed on Aug. 16, 2017. The contents of the aforementioned applications are incorporated herein by reference in their entireties and, to the extent appropriate, priority is claimed to the aforementioned applications.

FIELD OF THE DISCLOSURE

The disclosure generally relates to quality assurance of patient imaging, and more particularly to improving detection of movement and correction of motion artifacts, such as it relates to mammography or tomosynthesis image acquisition.

BACKGROUND

Preventing movement of subject tissue, and in particular breast tissue, is important when performing radiation-based imaging of a patient for a variety of reasons. First, some imaging procedures last for a non-trivial period of time, and movement during a portion of the procedure may negatively impact image quality. Specifically, patient motion may cause anatomical distortions or artifacts, which can be exaggerated during longer exposure times. Second, it is desirable to minimize a patient’s total exposure to radiation during a procedure and, thus, subsequent imaging to obtain proper image quality is not ideal. Third, due to regulations in many jurisdictions, subsequent imaging used solely to correct image quality may be counted against a practitioner or organization, and frequent re-imaging may result in revocation of a license and/or accreditation. Fourth, poor quality images due to excess movement may require a patient to make subsequent visits to an imaging center, placing additional burden on the patient and the healthcare system itself, including the imaging center and payer.

SUMMARY

The following presents a simplified summary in order to provide a basic understanding of some novel embodiments described herein. This summary is not an extensive overview, and it is not intended to identify key/critical elements or to delineate the scope thereof. Its sole purpose is to present some concepts in a simplified form as a prelude to the more detailed description that is presented later.

Techniques for detecting and/or otherwise notifying a patient of detected motion and modifying the imaging protocol during breast imaging are described. As described above, preventing movement breast tissue, is important when performing radiation-based imaging of a patient for a variety of reasons including improving image quality, improving patient experience, reducing exposure and avoiding repeat imaging. For at least these reasons, there is a need for improved techniques, which may be automated or semi-automated, for detection of movement during an imaging procedure, for corrective actions during and after the procedure when movement has been detected, and for minimizing the amount of radiation exposure to patients in a workflow efficient manner.

An imaging system as described herein may include an imaging detector to capture an image of human tissue, such as breast tissue, and a compression paddle situated apart from the imaging detector to compress the human tissue between the compression paddle and the imaging detector. One or more sensors may be included, in one embodiment a force sensor may generate a force signal indicating a measure of force applied to the human tissue. A movement detection circuit may filter a movement signal from the force signal indicating a measure of movement of the compressed human tissue. A movement analysis module may determine that the movement signal is beyond a movement threshold. An image correction module may perform a corrective action based upon the determination that the movement signal is beyond a movement threshold. Other embodiments are described and claimed.

The force sensor described herein is typical to most modern mammography systems where breast compression force is incorporated. The force sensor helps to prevent excessive compression of the patient’s breast which can cause pain and other undesirable effects. The embodiments as described and claimed relate to the output of the force sensor, representative of a force level, which may be filtered or converted by one or more circuits or modules described herein into a value that indicates movement. This movement signal, when compared to other measurements over time, may indicate movement of the patient undergoing an imaging procedure.

In addition or in the alternative, other sensors may be used. For example, one or more ultrasound sensors, optical and/or infrared sensors may be used. In some examples, the sensors may be located either in a grid on the compression paddle. In other examples, the sensors may be located on the periphery of the paddle. The sensors may capture spatial data information from the compression of the breast. The special information may be used to create motion maps and/or contact maps. The motion map information can be used to create a correction map. The correction map information may be used as input to the image correction algorithm which corrects the tomosynthesis images. In the examples where a contact map is created based on the spatial information, the contact map can be used to create compression contours, which can be used as an input to the compression adequacy analysis and recommend a corrective action.

Some software based techniques for detecting motion during an imaging procedure have been previously described. For example, one method of detecting patient motion includes detecting from a series of images displacement of an edge line such as the skin line of the breast, an implant edge, or some other internal edge. This skin line detection process is disclosed in U.S. Pat. No. 9,498,180, titled System and Method For Detecting Patient Motion During Tomosynthesis Scans, which is incorporated by reference herein (hereafter the ‘180 patent).

However, unlike software based and image artifact based motion detection, detection of motion based on hardware sensors gives an objective measure of patient motion to add to the assessment of motion. The independent, hardware based, detection using the information from one or more sensors allows for greater accuracy. In addition, because the mammography system already includes the force sensor, this method of patient motion is more cost effective than the alternative image based detection when force sensor detection is used. In addition, different types of motion may be detected and different compensation actions may be taken. For example, if motion with regular movement interval is

detected, such as breathing or heartbeat, image capture may be synchronized with the motion. In a different example, if irregular movement is detected, such as patient adjusting position, the image capture may be delayed. Such nuanced and continued detection may not be possible if the detection is based on image processing alone.

In an aspect, the technology relates to a method for improving medical imaging procedures. The method includes receiving, by a central computer system from a first imaging facility, a first set of quality metrics for a plurality of medical images acquired at the first imaging facility; receiving, by the central computer system from a second imaging facility, a second set of quality metrics for a second plurality of medical images acquired at the second imaging facility; comparing, by the central computer system, the first set of quality metrics to the second set of quality metrics; based on the comparison of the first set of quality metrics to the second set of quality metrics, generating, by the central computer system, a benchmark for at least one metric in the first set of quality metrics and the second set of quality metrics; generating, by the central computer system, facility data based on the generated benchmark and the first set of quality metrics; and sending, by the central computer system, the facility data to the first imaging facility.

In an example, the method further includes generating a training recommendation based on the generated benchmark and the first set of quality metrics; receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation; comparing the subsequent set of quality metrics to the first set of quality metrics; and based on the comparison of the subsequent set of quality metrics to the first set of quality metrics, generating an effectiveness rating for the generated training. In another example, the method further includes receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation; comparing the subsequent set of quality metrics to the first set of quality metrics to determine a trend for at least one quality metric; and based on determined trend for the at least one quality metric, generating a trend warning. In yet another example, the quality metrics are based on positioning metrics generated from the plurality of medical images. In still another example, the method further includes providing the first set of quality metrics and the second set of quality metrics as inputs to an unsupervised machine learning algorithm to identify additional patterns within the sets of quality metrics. In a further example, the first set of quality metrics are received via a web application managed by the central computer system and the training is sent via the web application. In still yet another example, the quality metrics are based on patient movement. In another example, at least one quality metric is based on a movement signal that is generated by the following operations: generating, by a force sensor, a force signal indicating a measure of force applied superior to human tissue being compressed between a compression paddle and an imaging detector to capture an image of the human tissue; and filtering, by a movement detection circuit, a movement signal from the force signal indicating a measure of movement of the compressed human tissue.

In another aspect, the technology relates to a central computer system that includes at least one processing unit; and memory operatively in communication with the at least one processing unit, the memory storing instructions that, when executed by the at least one processing unit, are configured

to cause the system to perform a set of operations. The operations include receiving, from a first imaging facility, a first set of quality metrics for a plurality of medical images acquired at the first imaging facility; receiving, from a second imaging facility, a second set of quality metrics for a second plurality of medical images acquired at the second imaging facility; comparing, by the central computer system, the first set of quality metrics to the second set of quality metrics; based on the comparison of the first set of quality metrics to the second set of quality metrics, generating a benchmark for at least one metric in the first set of quality metrics and the second set of quality metrics; generating a training recommendation based on the generated benchmark and the first set of quality metrics; and sending the generated training recommendation to the first facility.

In an example, the operations further comprise receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation; comparing the subsequent set of quality metrics to the first set of quality metrics; and based on the comparison of the subsequent set of quality metrics to the first set of quality metrics, generating an effectiveness rating for the generated training. In another example, the operations further comprise receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation; comparing the subsequent set of quality metrics to the first set of quality metrics to determine a trend for at least one quality metric; and based on determined trend for the at least one quality metric, generating a trend warning. In yet another example, the trend warning is based on a rate of the determined trend. In still yet another example, the operations further comprise providing the first set of quality metrics and the second set of quality metrics as inputs to an unsupervised machine learning algorithm to identify additional patterns within the sets of quality metrics. In another example, the first set of quality metrics are received via a web application managed by the central computer system and the training is sent via the web application.

In a further example, the set of operations further comprise providing a dashboard via a web application to the first facility and the second facility. In still another example, the dashboard displays quality metrics received from the first facility compared to the benchmark. In still yet another example, receiving the first set of quality metrics for a plurality of medical images includes receiving identification information for the plurality of medical images.

In another aspect, the technology relates to a computer-implemented method comprising for improving medical imaging procedures. The method includes receiving patient positioning scores from a technician at a first facility; receiving patient positioning scores from a technician at a second facility; comparing a threshold to the received patient positioning scores for the technician at the first facility and the technician at the second facility; based on the comparison, determining that the patient positioning scores for the technician at the first facility are below the threshold; and based on the patient positioning scores for the technician at the first facility being below the threshold, generating a recommendation for a corrective action for the technician.

In an example, the method further includes based on the comparison, determining that the patient positioning scores for the technician at the second facility are above the threshold; and based on the patient positioning scores for the technician at the second facility being above the threshold,

generating a report of compliance with federal regulations. In another example, the method includes comparing the patient positioning scores from the technician at the first facility to the patient positioning scores from the technician at the second facility to score the technologists relative to each other.

To the accomplishment of the foregoing and related ends, certain illustrative aspects are described herein in connection with the following description and the annexed drawings. These aspects are indicative of the various ways in which the principles disclosed herein can be practiced and all aspects and equivalents thereof are intended to be within the scope of the claimed subject matter. Other advantages and novel features will become apparent from the following detailed description when considered in conjunction with the drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 illustrates an embodiment of an imaging system.
 FIG. 2 illustrates an embodiment of an imaging system.
 FIG. 3 illustrates an embodiment of an imaging system.
 FIG. 4 illustrates a logic flow according to an embodiment.
 FIG. 5 illustrates a logic flow according to an embodiment.
 FIG. 6 illustrates a logic flow according to an embodiment.
 FIG. 7 illustrates a generated image according to an embodiment.
 FIG. 8A illustrates a generated image according to an embodiment.
 FIG. 8B illustrates a system of facilities according to an embodiment.
 FIG. 8C illustrates a logic flow according to an embodiment.
 FIG. 8D illustrates a logic flow according to an embodiment.
 FIG. 8E illustrates a logic flow according to an embodiment.
 FIG. 8F illustrates a logic flow according to an embodiment.
 FIG. 9 illustrates an article of manufacture according to an embodiment.
 FIG. 10 illustrates an embodiment of a centralized system.
 FIG. 11 illustrates an embodiment of a distributed system.
 FIG. 12 illustrates an embodiment of a computing architecture.
 FIG. 13 illustrates an embodiment of a communications architecture.
 FIG. 14A illustrates an embodiment of an imaging system.
 FIG. 14B illustrates an example contact map according to an embodiment.
 FIGS. 15A-C illustrate a logic flow according to an embodiment.

DETAILED DESCRIPTION

Techniques for breast imaging patient motion compensation, compression evaluation, and positioning evaluation are described. An imaging system may include an imaging detector to capture an image of human tissue, such as breast tissue or other soft tissue, and a compression paddle situated apart from the imaging detector to compress the human tissue between the compression paddle and the imaging detector. In one embodiment, a force sensor may generate a

force signal indicating a measure of force applied to the human tissue. A movement detection circuit may filter a movement signal from the force signal indicating a measure of movement of the compressed human tissue. A movement analysis module may determine that the movement signal is beyond a movement threshold. An image correction module to perform a corrective action based upon the determination that the movement signal is beyond a movement threshold. In another embodiment, other types of sensors may be used which may be disposed in a grid or around the periphery of the compression paddle.

As used herein, corrective actions may include actions to correct an image, generate an image while minimizing motion artifacts, generate an audio or visual indication that motion has been detected, and/or other actions described below in response to detection of motion during a procedure. By way of example and not limitation, corrective actions may include the determination and display of a movement score on a display device, display of an alert on a display device indicating that a movement threshold has been exceeded, triggering a visual indicator of the imaging system, terminating or modifying an imaging sequence or imaging protocol or image acquisition, delaying capture of the image of human tissue until the movement threshold is no longer exceeded, and/or synchronizing an image capture with repetitive movement. A movement score for all images taken by a particular technologist may be combined to create a positioning score for the technologist. The movement scores may be compared to other technologists in a facility or in other facilities. The technologist score may be compared to a threshold to determine compliance. A facility score may be compared to other facilities and compared to a threshold score to determine compliance. A report may be generated showing positioning scores for the technologist, the facility and compliance over time. A retrospective and prospective approach will allow the facility to identify the root-cause for why the positioning, noise, artifacts, compression etc. at the physician level could occur. A particular technician can be identified with this approach to understand his/her behavior to improve their ability to take their image. Other embodiments are described and claimed.

With general reference to notations and nomenclature used herein, the detailed descriptions which follow may be presented in terms of program procedures executed on a computer or network of computers. These procedural descriptions and representations are used by those skilled in the art to most effectively convey the substance of their work to others skilled in the art.

A procedure is here, and generally, conceived to be a self-consistent sequence of operations leading to a desired result. These operations are those requiring physical manipulations of physical quantities. Usually, though not necessarily, these quantities take the form of electrical, magnetic or optical signals capable of being stored, transferred, combined, compared, and otherwise manipulated. It proves convenient at times, principally for reasons of common usage, to refer to these signals as bits, values, elements, symbols, characters, terms, numbers, or the like. It should be noted, however, that all of these and similar terms are to be associated with the appropriate physical quantities and are merely convenient labels applied to those quantities.

Further, the manipulations performed are often referred to in terms, such as adding or comparing, which are commonly associated with mental operations performed by a human operator. No such capability of a human operator is necessary, or desirable in most cases, in any of the operations described herein which form part of one or more embodi-

ments. Rather, the operations are machine operations. Useful machines for performing operations of various embodiments include general purpose digital computers or similar devices.

Various embodiments also relate to apparatus or systems for performing these operations. This apparatus may be specially constructed for the required purpose or it may comprise a general purpose computer as selectively activated or reconfigured by a computer program stored in the computer. The procedures presented herein are not inherently related to a particular computer or other apparatus. Various general purpose machines may be used with programs written in accordance with the teachings herein, or it may prove convenient to construct more specialized apparatus to perform the required method steps. The required structure for a variety of these machines will appear from the description given.

FIG. 1 illustrates a block diagram for an imaging system 100. In one embodiment, the imaging system 100 may comprise one or more components. Although the imaging system 100 shown in FIG. 1 has a limited number of elements in a certain topology, it may be appreciated that the imaging system 100 may include more or less elements in alternate topologies as desired for a given implementation. The imaging system 100 may include a plurality of modules, including imaging module 102, movement analysis module 114, and image correction module 116, which may each include one or more processing units, storage units, network interfaces, or other hardware and software elements described in more detail herein. In some embodiments, these modules may be included within a single imaging device, utilizing shared CPU 120. In other embodiments, one or more modules may be part of a distributed architecture, an example of which is described with respect to FIG. 11.

In an embodiment, each module of imaging system 100 may comprise without limitation an imaging system, mobile computing device, a smart phone, or a desktop computer, or other devices described herein. In various embodiments, imaging system 100 may comprise or implement multiple components or modules. As used herein the terms “component” and “module” are intended to refer to computer-related entities, comprising either hardware, a combination of hardware and software, software, or software in execution. For example, a component and/or module can be implemented as a process running on a processor, such as CPU 120, a hard disk drive, multiple storage drives (of optical and/or magnetic storage medium), an object, an executable, a thread of execution, a program, and/or a computer. By way of illustration, both an application running on a server and the server can be a component and/or module. One or more components and/or modules can reside within a process and/or thread of execution, and a component and/or module can be localized on one computer and/or distributed between two or more computers as desired for a given implementation. The embodiments are not limited in this context.

The various devices within system 100, and components and/or modules within a device of system 100, may be communicatively coupled via various types of communications media as indicated by various lines or arrows. In various embodiments, the various modules and storages of system 100 may be organized as a distributed system. A distributed system typically comprises multiple autonomous computers that communicate through a computer network. It is worthy to note that although some embodiments may utilize a distributed system when describing various enhanced techniques for data retrieval, it may be appreciated

that the enhanced techniques for data retrieval may be implemented by a single computing device as well. The embodiments are not limited in this context.

In an embodiment, imaging module 102 may include an imaging source 106 and a detector 108, which may be used to perform breast imaging (2D, tomosynthesis, computed tomography, ultrasound or any combination thereof), and may be an x-ray source and detector in some examples. In other examples, imaging source 106 and detector 108 may be other types of imaging sources and sensors, respectively. For example, in some embodiments imaging module 102 may be configured to perform breast imaging, such as x-ray mammography, tomosynthesis, computed tomography, and/or ultrasound. Tomosynthesis is a method for performing high-resolution limited-angle tomography at radiographic dose levels. While mammography is used as an exemplary embodiment through the description, it can be appreciated that the techniques described herein may be applicable to other procedures in which imaging of human tissue susceptible to movement may occur.

Imaging source 106 may be configured to expose human tissue, such as breast tissue, to x-rays, which may be detected by detector 108. Detector 108 may be configured to respond to the influence of incident x-rays over a wide range. Detector 108 may be configured to absorb x-rays, produce an electronic signal, digitize the signal, and store the results in one of storage 104 and/or database 122. The output image may be saved as a two-dimensional matrix, where each element represents the x-ray transmission corresponding to a path through the breast tissue. Three-dimensional images and matrices may be generated in some embodiments, depending on the imaging modality, such as tomosynthesis, computed tomography, and the like. The image may be digitally processed such that when it is displayed on a display device or printed on laser film, it will illustrate the key features required for diagnosis. Such diagnostic images may be stored in storage 104 so that they may be viewed on a user interface of display 124.

In an embodiment, images may also be archived in image database 122. In this manner, patient records may be maintained and past images may be used to evaluate detected movement when compared to new images. In an exemplary embodiment, an image correction module, described herein, may refer to archived images containing common elements (e.g., still calcification for the same tissue of the same patient) and compare to a current image (which may include blurry calcifications for the same tissue of the same patient). Such as analysis, combined with the techniques described herein, may be used to detect and/or correct motion artifacts within an image.

Imaging system 100 may include a force sensor 110, which may be contained within a compression paddle of imaging system 100 (not shown in FIG. 1, illustrated in FIGS. 2 and 3). Force sensor 110 may include a strain gauge, piezoelectric sensor, load cell, or other sensor capable of measuring the force applied to human tissue compressed between a compression paddle and an opposite detector plane. In some embodiments, force sensor 110 may include an analog filter, gain circuits for signal conditioning, and/or an analog-to-digital converter for signal capture. The output of force sensor 110 may be an electrical signal representative of a force level. The force level may represent a measurement of force applied superior to the breast via the compression paddle and/or via the imaging detector “top” surface. The electrical signal representative of a force level may be filtered or converted by one or more circuits or modules described herein into a value that indicates movement. This

movement signal, when compared to other measurements over time, may indicate movement of the patient undergoing an imaging procedure.

Imaging system **100** may include a movement detection circuit **112**, configured to receive an electronic force signal from force sensor **110** and filter a movement signal from the received force signal. In some embodiments, the received force signal may include a low frequency compression force signal (e.g., 0 (DC) to <5 Hz), which may be tapped and processed in parallel using movement detection circuit **112**. Movement detection circuit **112** may include one or more components to process and filter the force signal, including a DC signal block, such as a blocking capacitor to remove the DC and low frequency components of the force signal, leaving a higher frequency (AC) component, referred to herein as a movement signal. One or more analog circuits may filter and apply gain to the higher frequency (AC) signal components to improve signal-to-noise ratio, if needed. The resulting movement signal may include motion artifacts from the original force signal. As described later, one or more modules, such as movement analysis module **114** may include a digital processing unit and corresponding software to analyze the output from movement detection circuit **112**.

In an embodiment, a movement analysis module **114** may include one or more analog circuits, such as a tuned differentiator, to detect movement of human tissue compressed within imaging system **100** using a received movement signal from movement detection circuit **112**. In some embodiments, movement analysis module **114** may include hardware and/or software modules configured to accept the movement signal from movement detection circuit **112**, and detect tissue movement caused by the patient. An exemplary logic flow illustrating movement detection by movement analysis module **114** is set forth within FIG. 4. By way of example and not limitation, movement may be caused by respiratory activity, cardiac activity, or muscular movements (voluntary or involuntary) by the patient. Movement analysis module **114** may be configured with a movement threshold value, beyond which, movement of the patient is detected and communicated to an image correction module **116**.

Image correction module **116** may be configured to receive a determination from movement analysis module **114** that movement has been detected. The determination may include data indicating a movement time and movement level in some embodiments, and the determination may be used to determine a corrective action to be taken. Techniques described herein strive to improve image quality, even in situations where movement is detected, reduce patient radiation exposure when possible, and reduce the time required for patients to undergo imaging procedures. Exemplary corrective actions are described herein with respect to FIGS. 5, 7, and 8 however, other corrective action may be taken consistent with these goals, in some embodiments.

A database of movement criteria **118** may be used by image correction module **116** to determine the proper corrective action based upon various determinations by movement analysis module **114**. For example, criteria within movement criteria database **118** may include movement thresholds, time thresholds for delay, image quality criteria, thresholds indicating the maximum number of images that can be deleted from an image sequence due to detected movement, and other criteria necessary to determine and take corrective actions. In an example, image correction module **116** may include hardware and/or software configured consistent with the techniques described herein to take

one or more corrective actions when movement exceeding a threshold has been detected. As described further with respect to FIG. 5, certain movement determinations may be handled in different ways. In an embodiment, image improvements may be made by deleting images associated with movement above a threshold. In an embodiment, an image capture procedure may be delayed until detected movement has fallen below a threshold. In an embodiment, an image capture procedure may be extended so that a proper exposure can be taken while also excluding images from an imaging sequence impacted by movement. In an embodiment, an image capture procedure may be canceled, reducing patient radiation exposure.

In some embodiments, artifact-based image detection of patient motion as described in the '180 patent, may be combined with the information from the force sensor **110** and the movement detection circuit **112** in the movement analysis module **114**. In one example, the movement analysis module **114** may correlate the information received from the motion detection circuit with the artifact based image detection.

In an embodiment, display device **121** may include a user interface configured to receive and display an image along with information with respect to detected movement and any corrective actions taken in response. In an embodiment, display **124** may be configured to display an alert or movement score (FIGS. 7 and 8) indicating to a practitioner that movement was detected and/or a level of detected movement. Optionally, imaging system **100** may include an indicator **126**, which may include an LED, that may be triggered when movement exceeding a threshold has been detected during a procedure. In addition to a notification via the user interface of display **124** or optional indicator **126**, other techniques for notification of detected movement may be used. Non-limiting examples include audio notification, haptic notification, other visual indication using lights, and/or one or more prompts within the user interface.

FIG. 2 illustrates an imaging system **200** according to an embodiment. Imaging system **200** illustrates exemplary components most relevant to the techniques described herein and may include other components not depicted within FIG. 2. Upper portion **202** including imaging source **204**, which may be an x-ray source in some embodiments and may be consistent with imaging source **106**, described above with respect to FIG. 1.

Compression paddle **206** may be mounted to an arm, itself connected to a frame connected to a body of the imaging system **200**. Compression paddle **206** may be lowered onto human tissue during an imaging procedure. Certain imaging procedures, such as mammography, may require compression of human tissue between compression paddle **206** and another surface, such as the surface of detector **214**, which may be consistent with detector **108**, described above with respect to FIG. 1.

Force sensor module **208** may be contained within compression paddle **206**, and may detect force **212** imparted on breast **210**, which is placed between compression paddle **206** and imaging detector **214**. The detected force may represent a measurement of force applied superior to the breast via the compression paddle **206** and/or via the imaging detector **214** "top" surface. Additionally or separately, a force sensor module may be incorporated into the imaging detector **214** component. In this configuration, the force sensor module incorporated into the imaging detector **214** may operate in the same manner as the force sensor module **208** and may measure the DC and AC compression signals applied by the compression paddle **206** upon the human

tissue (breast **210**) that is placed between the compression paddle **206** and upon the surface of the imaging detector **214**. As set forth above, force sensor **208**, or the optional force sensor incorporated into the imaging detector **214**, may include a strain gauge, piezoelectric sensor, load cell, or other sensor capable of measuring the force applied to human tissue compressed between a compression paddle and an opposite detector plane, in some embodiments, force sensor **208**, or the optional force sensor incorporated into the imaging detector **214**, may include an analog filter, gain circuits for signal conditioning, and/or an analog-to-digital converter for signal capture. The output of force sensor **208**, or the optional force sensor incorporated into the imaging detector **214**, may be an electrical signal representative of a force level, which may be filtered or converted by one or more circuits or modules described herein into a value that indicates movement. This movement signal, when compared to other measurements over time, may indicate movement of the patient undergoing an imaging procedure.

In an embodiment, the described force sensor modules may include one or more circuitry components comprising a movement detection circuit, such as movement detection circuit **112**. In an embodiment, movement detection circuit **216** may be implemented separate from force sensor **208**, and may receive a signal therefrom. As described with respect to FIG. **1**, movement detection circuit **216** may receive a force signal from force sensor **208** and filter a high-frequency AC component from the received force signal into a movement signal indicating movement of the human tissue compressed between compression paddle **206** and a surface of detector **214**.

Movement analysis module **218**, which may be implemented in hardware and/or software, may be configured to determine whether a received movement signal has exceeded a movement threshold. In some embodiments, the movement analysis module **218** may be present separate from force sensor **208**, and may be within, the optional force sensor incorporated into the imaging detector **214**, compression paddle **206** or within another portion of imaging system **200**, as illustrated. If a movement threshold has been exceeded, movement analysis module may communicate that determination to image correction module **220**, which may be configured to take corrective action, as described herein with respect to FIGS. **5**, **7**, and **8**.

FIG. **3** illustrates an imaging system **200** according to an embodiment. Elements within FIG. **3** may be similar to like-numbered elements from FIG. **2**. The key difference between FIG. **2** and FIG. **3** is the illustration of movement of breast **310**. As illustrated, breast **310** may be moved while between compression paddle **306** and a surface of detector **314**. This movement may affect a force measurement **312** made by force sensor **308**. While a generally up and down movement is illustrated within FIG. **3**, it can be appreciated that a variety of movements may be made by breast **310**. Movement may be due to a variety of factors, such as relating to cardiac or respiratory movements, sneezing, or voluntarily or involuntarily moving one or more portions of the body that affect the movement of breast **310**. As described below, movement of breast **310** may be of any number of types, and may be temporally evaluated by one or more modules of imaging system **300**. Evaluation of movement type and movement timing using techniques described herein may provide increased image quality and patient experience while reducing patient exposure to radiation.

As discussed above, patient motion during a breast imaging procedure can adversely affect imaging quality and therefore the diagnostic value of the resultant images.

Detecting and/or measuring motion and correction, however, is difficult due at least in part to the fact that the breast is a non-rigid object. Accordingly, motion patterns of the breast during the imaging procedure may be complex in both time and space. For instance, some portions of the breast may move differently from other portions. As a result, image quality may change for different regions of a breast image. For a modality such as tomosynthesis, the motion or movement may occur between acquiring projections and/or during exposure of one or more of the projections.

Proper compression and positioning of the breast during the imaging procedure also affects image quality. Inadequate compression of the breast may increase the likelihood of unwanted results. For example, inadequate compression may increase the likelihood of motion, which reduces image quality. As another example, inadequate compression may increase the likelihood of overlapping tissue which may make it more difficult to detect cancerous lesions in a resultant image. Thus, there is a need to more accurately detect motion and compression in space and time, which can prove to be useful input data to help correct and enhance image quality during breast imaging procedures.

FIG. **14A** illustrates another embodiment of an imaging system **400** where one or more sensors, in combination or alternatively to the force sensor **208**, are used. Elements within FIG. **14A** may be similar to like-numbered elements from FIG. **1**, FIG. **2**, and/or FIG. **3**. Imaging system **1400** illustrates exemplary components most relevant to the techniques described herein and may include other components not depicted with FIG. **14**. The imaging system **1400** includes a compression paddle **1406** and a detector **1414** disposed a distance away from and parallel to the compression paddle. A breast is compressed between the compression paddle **1406** and the detector **1414**. While referred to herein as the detector **1414**, the detector **1414** may be considered the housing surrounding the detector, such as a breast platform. Accordingly, in some examples, discussion of the detector **1414** may be synonymous with discussion of the breast platform or the structure housing or surrounding the actual electronics that detect x-ray beams passing through the breast.

One or more sensors **1408** are disposed on or within the compression paddle **1406** and the detector **1414**. The one or more sensors **1408** may comprise or communicate with a sensor module which may detect motion of the breast and may also be used to detect or analyze compression and positioning of the breast. In one example, the sensors **1408** may include one or more photo sensors, infrared sensors and/or ultrasound or ultrasonic sensors. The motion detected by the sensors **1408** may be based on reflected sonic signals and/or reflected light signals depending on the types of sensors **1408** implemented. For example, the photo sensors may include cameras to capture optical images of the breast when it is in a compressed and/or uncompressed state. Similarly, the infrared sensors may be utilized to produce a three-dimensional image or depth map of the breast that may be used to determine the three-dimensional location of exterior of the breast at different points in time. The ultrasound or ultrasonic sensors may also be used to detect the three-dimensional location of the exterior of the breast. In some examples, the ultrasound or ultrasonic sensors may also be utilized to image the interior of the breast. With the interior of the breast imaged, landmarks within the breast may be identified and the locations of those landmarks may be tracked in three-dimensional space at different points in time.

In some embodiments, the sensors **1408** may be placed in a grid pattern on or within the compression paddle **1406** and the detector **1414**. In other examples, the sensors **1408** may be disposed around the periphery of the compression paddle **1406** and the detector **1414**. The location and pattern of the sensors may be based on the types of sensor and the physical properties of the compression paddle **1406** and/or the detector **1414**. For example, if the compression paddle **1406** is optically opaque, the photo sensors may be placed in a position where they have a line of sight to the exterior of the breast that is not blocked by the compression paddle **1406**. Similarly, for some ultrasound or ultrasonic sensors, an air gap between the sensor and the breast may be undesirable. As such, the ultrasonic sensors may be placed in location where there is no air gap between the ultrasonic sensor and the breast. Other solid surfaces, such as a portion of the compression paddle **1406** and/or detector **1414** may still be located between the ultrasonic sensor and the compressed breast.

By disposing multiple sensors in a pattern, a more detailed understanding of motion of the breast may be obtained. It is appreciated that movement of the breast may not be uniform. For example, some areas of the breast may move more than others. Use of multiple sensors allows the imaging system **1400** to create a motion map that may be capable of visually showing the location of movement throughout the surface of the breast. In other examples, the motion map may not be a visual representation but rather a set of data indicating the locations of the breast that moved as well as the magnitude and direction of the breast movement at each location. For instance, the motion map may be a set of motion vectors for different positions in three-dimensional space. By having a more complete understanding of the location of motion of the breast, the imaging system can determine whether the motion may have had a negative effect on the image obtained. In addition, having additional sensors allows the imaging system to obtain other information such as the amount of contact with the breast, as further discussed below, to determine breast positioning and compression information.

The sensors **1408** that may be incorporated into the imaging detector **1414** and/or the compression paddle **1406** may include an analog filter, gain circuits for signal conditioning, and/or an analog-to-digital converter for signal capture. The output of sensors **1408** may be electrical signals representative of motion and/or spatial data representative of location of the breast, which may be filtered or converted by one or more circuits or modules described herein into a plurality of spatial information or data **1416**. The spatial information may be combined to create a motion map **1418a**. The motion map **1418a** takes spatial information from each of the sensors **1408** to create a relative representation of motion. The motion map **1408a** may describe some areas of the breast that include more motion than others. The motion map **1408a** may be a visual representation of the spatial information having some colors (e.g. red) represent higher amount of motion and other colors represent moderate (e.g. yellow) or low (e.g. green) amount of motion. The relative representation of motion may be determined based on spatial information comparison to a threshold or a look up table representing various levels of motion. In other examples, the motion map **1418a** may not include a visual representation but rather a set of data indicating the locations of the breast that moved as well as the magnitude and direction of the breast movement at each location. For instance, the motion map **1418a** may be a set of motion vectors for different positions in three-dimensional space.

In addition, the motion map **1408a** may be created for each of the tomosynthesis projections or slices created. For example, FIG. **14A** shows two tomosynthesis projections. One projection has a larger degree of motion and another projection showing smaller degree of motion. It is appreciated that any number of motion maps **1408a** may be created based on the number of projections. As an example, spatial data representative of the breast may be captured by the sensors **1408** during different times during the imaging procedure. For instance, the spatial data may be captured at substantially the same time as when a projection is captured. The spatial data may also be captured by the sensors **1408** continuously or substantially continuously. Accordingly, a change in position or location of the breast (or a portion thereof) between the capture of the projections may be determined. Such a change in position or location may be indicative of motion of the breast (or a portion thereof). Based on the magnitude of the motion, particular projections may be discarded when generating a tomosynthesis reconstruction of the breast. In other examples, the projections may be corrected prior to or during generation of the tomosynthesis reconstruction of the breast.

The information or data from the motion map **1418a** may be provided as input into an image correction module or algorithm **1420a**. In some examples, the motion map **1418a** may be utilized to generate a correction map. That correction map may effectively be an inverse of the motion map **1418a**. For instance, the correction map may indicate how pixels in the image should be adjusted based on the detected motion. The image correction module or algorithm **1420a** may be similar to the image correction modules **116** and **220** described above with respect to FIGS. **1**, **2**, and **3**, and may perform the functions and correction as further described with reference to FIGS. **4** and **5**. The image correction algorithm **1420a** may then output corrected images **1420a**.

The spatial information **1416** may also be used to create a contact map **1418b**. An example of a contact map **1418b** is depicted in FIG. **14B**. It is appreciated by inventors that the entirety of the breast **1410** is not in contact with the compression paddle **1406** and the detector **1414** when the breast is compressed. For example, when the breast is compressed between the paddle **1406** and the detector **1414**, a portion of breast near the periphery of the breast is not in contact with either the paddle **1406** or the detector **1414**. There may be a line **1432**, referred to as the “uncompressed tissue line” or the “paddle contact line” in an image, which defines a contour of contact points of breast with paddle/detector. The contact map **1418b** may also display the breast profile or skin line **1430** of the image of the breast. The location of uncompressed tissue line **1432** with respect to breast profile or skin line **1430** may also be used to give a metric of the adequacy of the compression and/or positioning of the compressed breast. For example, the larger the area of uncompressed tissue, the less adequate the compression. It is further appreciated by the inventors that a less than adequate level of compression may result in poor image quality.

The contact map **1418b** shows or indicates the level of contact with the breast. The contact map **1418b** can be used to determine or define a roll-off region **1434**, which is the region where the breast is uncompressed. The roll-off region **1434** may be the area between the uncompressed tissue line **1432** and the skin line **1430** of the breast. The size of the roll-off region **1434** may be represented by the area between the uncompressed tissue line **1432** and the skin line **1430**. The size of the roll-off region **1434** may also be represented by a distance between the uncompressed tissue line **1432**

and the skin line **1430**. The distance may be the maximum, minimum, and/or average distance between the uncompressed tissue line **1432** and the skin line **1430**. The location of the uncompressed tissue line **1342** and the size of the roll off region **1434** may also be useful in special image processing techniques in uncompressed versus compressed breast areas. The location of uncompressed tissue line **1432** with respect to breast profile **1430** may also be used to give an idea of how adequate the compression is, which may also be used in determining the adequacy of positioning of the breast.

Additional positioning information of the breast may also be determined from the data produced by the sensors **1408**. For example, in a mediolateral oblique (MLO) compression, the sensors may be used to determine whether the pectoral muscle is properly positioned such that it will be imaged during the imaging procedure. The spatial data produced by the sensors **1408** may also be used to assess the alignment of the nipple, such as by determining the posterior nipple line (PNL). Other positioning criteria may also be determined from the spatial data produced by the sensors **1408**.

Returning to FIG. **14A**, the information from the contact map **1418b** and/or the other positioning information may be input in a compression adequacy analysis module or algorithm **1420b**. The compression adequacy analysis module **1420b** may be similar to the image correction modules **116** and **220**, with the difference of that a threshold of compression is used, rather than a motion threshold, to compare the current compression contours to the threshold of compression contours. The compression adequacy analysis module **1420b** may perform at least some of the functions and corrections as further described with reference to FIGS. **4**, **5**, and **15A-C**. As an example, the compression adequacy analysis may include comparing the area for the roll-off region to a threshold for the area of the roll-off region. For example, if current compression contours are below a threshold for the compression contours, image capture may be delayed until contours are above the threshold, or image capture may be cancelled if the delay exceeds a threshold. In at least one example, one or more alerts or alarms as discussed above may be generated to notify the technologist that compression is inadequate and the patient may need to be repositioned. Accordingly, determinations regarding whether compression and/or positioning of the breast are proper may be made prior to the patient being exposed to a dose of x-ray radiation.

Included herein is a set of flow charts representative of exemplary methodologies for performing novel aspects of the disclosed architecture. While, for purposes of simplicity of explanation, the one or more methodologies shown herein, for example, in the form of a flow chart or flow diagram, are shown and described as a series of acts, it is to be understood and appreciated that the methodologies are not limited by the order of acts, as some acts may, in accordance therewith, occur in a different order and/or concurrently with other acts from that shown and described herein. For example, those skilled in the art will understand and appreciate that a methodology could alternatively be represented as a series of interrelated states or events, such as in a state diagram. Moreover, not all acts illustrated in a methodology may be required for a novel implementation.

FIGS. **15A-C** illustrate a logic flow **1500** according to an embodiment. The logic flow **1500** may be representative of some of the operations executed by one or more embodiments described herein, such as imaging system **100**, for example. At operation **1502**, a first set of spatial data of the breast is generated at a first time point based on data captured by the

sensors that may be incorporated into at least one of the breast compression paddle and/or the imaging detector. At operation **1504**, a second set of spatial data of the breast is generated at a second time point based on data captured by the sensors. The spatial data of the breast at each time point may be representative of the location of the breast at the respective time point. The spatial data may be three-dimensional data about the exterior and/or interior of the breast. The time points may also coincide with the acquisitions of projections in tomosynthesis imaging procedure as well as time points prior to any x-ray exposures during the imaging procedure. For example, the first time point may be after compression but prior to the first exposure. The second time point may coincide with the first projection. While only two time points are depicted in logic flow **1500**, it should be appreciated that additional spatial data may be captured or generated at additional time points. For example, spatial data may be generated at a third time point coinciding with the capture of a second projection. The spatial data may also be continuously or substantially continuously generated and captured during the imaging procedure.

At operation **1506**, motion data may be generated based on the first set of spatial data and the second set of spatial data. For example, by comparing the first spatial data to the second spatial data, a difference in location of the breast or portions of the breast may be determined. That change in location corresponds to motion. The generated motion data may indicate an amount of motion that occurred for the breast or a portion of the breast. Generating motion data may also include generating a motion map at operation **1508**. The motion map, for example, may be a visual representation of the spatial information having some colors represent higher amount of motion and other colors represent moderate or low amount of motion. At operation **1510**, a correction map may be generated from or based on the motion map. That correction map may effectively be an inverse of the motion map. For instance, the correction map may indicate how pixels in the image should be adjusted based on the detected motion.

The motion data generated in operation **1506** may also be utilized for motion correction or tomosynthesis reconstruction, as shown in FIG. **15B**. At operation **1518**, the motion data may be provided as an input into a motion correction algorithm. For example, the motion map and/or the correction map may be provided to the motion correction algorithm. The motion correction algorithm then corrects at least one medical image based on the input of the motion data to generate one or more corrected medical images in operation **1520**. For example, if the second spatial data is generated for a time point that coincides with the capture of a medical image, the motion data may be used to correct that medical image. Accordingly, the image correction algorithm may correct a medical image acquired at substantially the second time point. Using a tomosynthesis procedure as an example, the first spatial data and a first projection may be captured at the first time point and the second spatial data and a second projection may be captured at the second time point. The motion data may then be used to correct the second projection prior to the projections being used to generate a tomosynthesis reconstruction at operation **1528**. While only two projections are discussed in the example, it should be understood that such corrections may be applied to any of number of projections captured during a tomosynthesis imaging procedure.

The motion data for each of the projections or medical images may also be compared to a predetermined motion threshold at operation **1522**. For example, an amount of

motion that occurred between a first projection and a second projection may be compared to a motion threshold. If the amount of motion that occurred between the projections is greater than a threshold, the projection or medical image may be discarded at operation 1526. For example, the second projection may be discarded if the amount of motion that occurred between the first and second projection is greater than the predetermined motion threshold. The thresholds described herein may be dynamic or predetermined. For example, the thresholds may be dynamically determined by an imaging system during the image capture process based, at least in part, on a detected image quality assessment taken in near real-time. In other embodiments, a movement threshold may be predetermined and stored within an imaging system. The predetermined thresholds discussed herein may be a setting or a value that is stored or accessed by the medical imaging system or a portion thereof. For instance, the predetermined thresholds may be set by a medical professional, be provided with the imaging system, or accessed from a remote source. The thresholds may be based on values, percentages, ratios, or other types of thresholds.

If, however, the motion amount is not greater than the predetermined threshold, the projection or image is retained at operation 1524. The images or projections that are retained may then be used to generate a tomosynthesis reconstruction in operation 1528. In some examples, images that are discarded in operation 1526 may be regenerated through a synthesis or interpolation of other acquired projections. Those synthesized projections may then be used in generating the tomosynthesis reconstruction in operation 1528.

Returning to FIG. 15A, the spatial data captured in operation 1502 and/or operation 1504 may also be utilized to generate compression and position data in operation 1512. For example, the first spatial data captured in operation 1502 may be captured when the breast is compressed but prior to an x-ray exposure having occurred. Compression and/or position data may be generated for the breast that corresponds to that time of compression at operation 1512. Generating compression data may include generating a contact map for the compressed breast in operation 1514. Generation of the contact map may also include determining or generating values representative of the roll-off region. For example, a value for the area of the roll-off region or a distance representative of the roll-off region may be determined. The value for the roll-off region may be at least one of an area of the roll-off region, a maximum distance between the uncompressed breast line and the skin line, a minimum distance between the uncompressed breast line and the skin line, or a ratio between the area of the roll-off region and an area of the breast in contact with the at least one of the breast compression paddle or the imaging detector, among other possible values. Generating position information may include generating positional values for the breast at operation 1516. The positional values may include values for positioning metrics, such as a value for the posterior nipple line (PNL) or another value relating to the position of the pectoral muscle. Values for other positioning metrics may also be generated from the spatial data.

As shown in FIG. 15C, at operation 1530, the compression and/or position data generated in operations 1512-1516 may be compared to one or more threshold values. For example, with respect to compression, a value for the roll-off region of the breast may be compared to a predetermined threshold for that value. As an example relating to positioning data, a value for the PNL may be compared to a

predetermined threshold value for the PNL. If the compression values and/or the positioning values do not exceed the thresholds (or are otherwise within a tolerance threshold), then imaging continues and the medical images, such as mammography or tomography images are acquired at operation 1532.

If the compression values and/or the positioning values do exceed the thresholds (or are outside of the tolerance thresholds), then a notification or alert may be generated in operation 1534. The notification may be a visual notification, such as a notification displayed on a screen or indicated by illumination of a light. The notification may also be an audible notification played through a speaker or other sound-making device. The notification may indicate that the compression is inadequate or improper and/or that the breast is improperly positioned. The notification may further indicate a reason as to why the compression was inadequate, such as too large of a roll-off area, and/or why the breast was improperly positioned, such as an improper PNL value. In addition, the notification may provide guidance to the medical professional or technician as to how the breast should be repositioned. At operation 1536, the breast may be repositioned or recompressed. Once the breast is repositioned or recompressed, the imaging procedure continues and medical images are acquired at operation 1532. In some examples, upon repositioning and/or recompressing the breast at operation 1536, method 1500 flows back to the start where spatial data is recaptured at operation 1502. The operations determining whether the positioning and/or compression is proper may then be repeated for the repositioned and/or recompressed breast until the breast is determined to be in a proper position and properly compressed.

FIG. 4 illustrates a logic flow 400 according to an embodiment. The logic flow 400 may be representative of some or all of the operations executed by one or more embodiments described herein, such as imaging system 100, for example. Specifically, logic flow 400 may illustrate operations performed by a movement analysis module, such as movement analysis module 114.

At 402, a movement analysis module may receive a movement signal from a force sensor and/or movement detection circuit. The movement signal may include motion artifacts indicating that human tissue, currently under compression during an imaging procedure, has moved. Using hardware and/or software components, the received movement signal may be evaluated to isolate data indicating movement and a value may be assigned indicating a movement level. In an embodiment, a baseline movement signal may be first evaluated, indicating a baseline movement value, or a baseline movement value may be stored within an imaging system. Subsequent movement signals may be received and compared to the baseline movement value to identify motion artifacts within the subsequent movement signals.

At 404, the movement analysis module may compare subsequently received movement signals, and any motion artifacts identified therein, to a movement threshold, which may be predetermined and stored within a non-transitory computer-readable storage medium. In some embodiments, thresholds may be dynamically determined by an imaging system during the image capture process based, at least in part, on a detected image quality assessment taken in near real-time. In other embodiments, a movement threshold may be predetermined and stored within an imaging system.

At 406, the movement analysis module may determine whether the received movement signal has exceeded the movement threshold and, at 408, the movement analysis

module may communicate the determination to an image correction module, which is discussed in more detail below. The determination, in some embodiments, may include an indication that movement has been detected, a movement value, a timestamp, a frame identifier, or other information that may be necessary for an image correction module to take appropriate corrective measures based upon the detected movement.

FIG. 5 illustrates a logic flow 500 according to an embodiment. The logic flow 500 may be representative of some or all of the operations executed by one or more embodiments described herein, such as imaging system 100, for example. Specifically, logic flow 500 may illustrate operations performed by an image correction module, such as image correction module 116.

At 502, an image correction module may receive a determination that movement has been detected. In some embodiments, any movement may be communicated to the image correction module. In other embodiments, only movement that exceeds a threshold, as described herein, may be communicated to the image correction module. The determination, in some embodiments, may include an indication that movement has been detected, a movement value, a timestamp, a frame identifier, or other information that may be necessary for an image correction module to take appropriate corrective measures based upon the detected movement.

At 504, the image correction module may determine a type of movement based upon one or more received movement determinations. For example, a movement may be categorized as a regular movement when it is repetitive and generally within a regular time interval. This type of movement may indicate a patient is breathing, or moving in a regular fashion. In another example, movement may be categorized as irregular. A single irregular movement may indicate a patient has shifted positions, or sneezed, for example. In yet another example, movement may be categorized as continuously irregular. A determination of movement type may be based, in part, on a movement value and/or timestamp, for example. In at least one example, a determination of the movement may be that the movement is localized to one or more tomosynthesis slices.

At 506, when a regular movement that is repetitive and generally within a regular time interval is detected, the image correction module may configure the image capture to the synchronized with the regular movement. In this manner, image capture may be performed during a time period in which movement is not detected, and skipped during a time period in which movement is detected. The synchronized image sequence may be generated at 512, and may include only images in which movement has not been detected, or detected movement is below a threshold amount.

At 508, when irregular movement is detected, the image correction module may delay image capture for a period of time, allowing the movement to stop so an image is not negatively impacted. As described herein, some embodiments may flag image captured images taken during a movement, and those images may be removed from an imaging sequence used to generate an image.

At 510, if a termination of movement is localized to one or more tomosynthesis slices. The slices may be removed or cancelled from the tomosynthesis stack that are associated with movement above a threshold.

At 514, if irregular movements continue during the delay period, the delay may be extended until movement stops. However, since in some cases the patient may be exposed to x-ray radiation during the delay, a time period threshold may

be set for which the image capture may be canceled if the delay lasts beyond the threshold. Thus, an image may be generated at 512 if the delay is within the time threshold, and the image capture may be canceled at 516 if the delay period extends beyond the time threshold. In this manner, an imaging system may be able to compensate for some movement, and generate higher quality images by delaying capture until movement is no longer detected, while at the same time canceling an image and limiting patient radiation exposure when a satisfactory image cannot be obtained due to excessive irregular movement.

During image generation at 512, certain embodiments may correlate images with detected movement and flag images in which movement was detected. In this manner, images flagged with movement may be removed from a resulting imaging sequence, thus, improving overall image quality despite detecting motion within the imaging procedure. In some cases, many images may be flagged as occurring during movement and the entire imaging sequence may need to be canceled. Based upon a particular procedure, for example, a threshold may be set such that an image correction module may determine whether the process of deleting images may result in a usable image sequence, or if the imaging sequence needs to be canceled due to excessive movement during the imaging procedure.

FIG. 6 illustrates a logic flow 600 according to an embodiment. The logic flow 600 may be representative of some or all of the operations executed by one or more embodiments described herein, such as imaging systems 100, 200, and/or 300, for example. At 602, a force sensor may generate a force signal indicating a measure of force applied to human tissue being compressed between a compression paddle and an imaging detector to capture an image of the human tissue. As set forth above, a force sensor may include a strain gauge, piezoelectric sensor, load cell, or other sensor capable of measuring the force applied to human tissue compressed between a compression paddle and an opposite detector plane. In some embodiments, a force sensor may include an analog filter, gain circuits for signal conditioning, and/or an analog-to-digital converter for signal capture. The output of a force sensor may be an electrical signal representative of a force level, which may be filtered or converted by one or more circuits or modules described herein into a value that indicates movement. This movement signal, when compared to other measurements over time, may indicate movement of the patient undergoing an imaging procedure.

At 604, a movement detection circuit may filter the received force signal and isolate a movement signal from therein. The movement signal may indicate a level of force, and in some cases may indicate that a patient has moved during image capture in a manner that is detrimental to the quality of a resulting image. As set forth above, the movement detection circuit may be configured to receive an electronic force signal from a force sensor and filter a movement signal from the received force signal. In some embodiments, the received force signal may include a low frequency compression force signal (e.g., 0 (DC) to <5 Hz), which may be tapped and processed in parallel using the movement detection circuit. Further, the movement detection circuit may include one or more components to process the force signal, including a DC signal block, such as a blocking capacitor to remove the DC and low frequency components of the force signal, leaving a higher frequency (AC) component, referred to herein as a movement signal. One or more analog circuits may filter and apply gain to the higher frequency (AC) signal components to improve sig-

nal-to-noise ratio, if needed. The resulting movement signal may include motion artifacts from the original force signal.

At **606**, a movement analysis module may determine whether a detected movement is beyond a movement threshold. The movement analysis module may include one or more analog circuits, such as a tuned differentiator, to detect movement of human tissue compressed within an imaging system using a received movement signal from the movement detection circuit. In some embodiments, the movement analysis module may include hardware and/or software modules configured to accept the movement signal from the movement detection circuit, and detect tissue movement caused by the patient. An exemplary logic flow illustrating movement detection by a movement analysis module is set forth within FIG. 4. By way of example and not limitation, movement may be caused by respiratory activity, cardiac activity, or muscular movements (voluntary or involuntary) by the patient. A movement analysis module may be configured with a movement threshold value, beyond which, movement of the patient is detected and communicated to an image correction module at **608**.

At **608**, when movement is beyond a threshold, an image correction module may perform a corrective action, which may include one or more of a variety of actions that improve image quality and reduce patient exposure to radiation. An image correction module may be configured to receive a determination from movement analysis module that movement has been detected. The determination may include data indicating a movement time and movement level in some embodiments, and the determination may be used to determine a corrective action to be taken, some of which are described with respect to FIG. 5, and below with respect to FIGS. 7 and 8. Techniques described herein strive to improve image quality, even in situations where movement is detected, reduce patient radiation exposure when possible, and reduce the time required for patients to undergo imaging procedures. While exemplary corrective actions are described herein, other corrective action may be taken consistent with these goals, in some embodiments.

FIG. 7 illustrated a generated image **700** according to an embodiment. Generated image **700** may be generated by one or more imaging systems described herein, for example, imaging systems **100**, **200**, and/or **300**. In some embodiments, corrective actions may include visual indications within a graphical user interface of a display during or after an imaging procedure, using an indicator of an imaging system, and/or using a graphical indication on a generated image itself. FIG. 7 illustrates an alert **702**, which may be displayed on a display of an imaging system, indicating to a practitioner or patient that movement was detected during the imaging procedure. Such an indication may alert those viewing the image that quality issues may be fixed by reducing motion in subsequent imaging procedures.

FIG. 8A illustrates a generated image **800** according to an embodiment. Generated image **700** may be generated by one or more imaging systems described herein, for example, imaging systems **100**, **200**, and/or **300**. In some embodiments, corrective actions may include visual indications within a graphical user interface of a display during or after an imaging procedure, using an indicator of an imaging system, and/or using a graphical indication on a generated image itself. FIG. 8A illustrates an alert **802** indicating a motion score, which may indicate a score on a relative scale of motion detected during an imaging procedure. In an example, a minimum and maximum level of movement may be stored within a non-transitory computer-readable storage medium of an imaging system. Once movement has been

detected, an image correction module may perform a calculation of the detected movement and determine a score based upon the stored minimum and maximum values, in this manner, a practitioner or patient may be provided with an indication of how much movement was detected, and may take steps to improve image quality in subsequent imaging procedures. In another example, the score may be pass/fail score, with pass meaning that the motion is below the threshold and no corrective action is needed, and fail meaning that corrective action is needed. Other scoring methodologies are contemplated. In one embodiment, the positioning information from many images can be aggregated into analytics and supplied to the facility and other entities for the purposes of training, education, analytics and compliance.

FIG. 8B shows the positioning information collected and analyzed according to one embodiment. Each image may be associated with a radiology technologist or technologist who took the image (e.g. a technologist identification number) and associated with a patient positioning score for that image as described above. The information may be stored in the imaging system **100**. The information may then be transmitted to a centralized computer system **1000**, such as the system **1000** described below with reference to FIG. 10. The centralized computer system **1000** may part of a cloud-computing system. The scores, the technologist IDs, and other information collected from the imaging system **100** may be aggregated over time. The scores for a particular technologist or a particular facility may be analyzed, for example, by the centralized system **1000**, to determine if one or more corrective actions are needed. In one example, a particular technologist's average score is compared to average scores of others or other technologists in that particular facility, or in other facilities. In another example, a particular facility's average score may be compared to the average score of other facilities. If the centralized system determined that the technologist's or facility's scores are below a particular threshold, the technologist or members of the facility may be recommended for patient positioning education or quality control improvements. In one example, a look-up table or algorithm determines whether corrective action is needed and what type of action to recommend based in part on the score.

Additional examples of use of the positioning information may include compliance with Federal Regulations, such as the Mammography Quality Standards Act (MQSA) and the Enhancing Quality Using the Inspection Program or EQUIP initiative. The MQSA requires that the images taken at a facility must comply with certain quality standards. Poor positioning is a factor in most deficiencies and failures of clinical images to meet quality standards. EQUIP requires regular review of images, corrective procedures when clinical images are of poor quality, including a mechanism for providing ongoing feedback to technologists or other designated personnel, and oversight of quality control records. The analytics described above can be used to generate reports of compliance with federal regulations. For example, the report may be automatically generated on a periodic basis that includes information such as the score information for that facility, the number of times corrective procedures were taken, the number of times that corrective measures such as education and quality control measures were recommended and were taken. Such reports can be stored and provided if needed to federal regulators to ensure compliance. Complying with EQUIP, however, requires only annual self-reporting from facilities, which has generally resulted in only a yearly review of imaging quality by

facilities. Such a lag in reporting may cause downward trends to go unnoticed and potentially poor imaging procedures to occur. In addition, the metrics may be stored in various formats across a plurality of devices and imaging systems, making it even more difficult for the metrics to be monitored. The present technology resolves these problems among others by being able to continuously aggregate quality metrics across a plurality of facilities and provide access and additional insights to those quality metrics in substantially real time as the quality metrics are aggregated. The quality metrics may also be provided to the central computing system in a standardized format via the web application to help ensure that the same types of metrics are properly aggregated and correlated together. Further, due in part to the real time tracking of metrics, warnings and trainings may be provided based on downward trends in image quality before poor imaging procedures may be implemented by technicians of a facility. Such warnings and trainings may provide for an overall improved imaging process for facilities and lead to better detection of abnormalities such as cancers.

FIG. 8C illustrates a logic flow **814** according to an embodiment. The logic flow **814** may be representative of some or all of the operations executed by one or more embodiments described herein, such as systems **100**, **200**, **300**, and/or **1000**, for example. In step **804** information, including one or more scores, is received from one or more technologists at a first facility. Positioning information, including one or more scores, is received from one or more technologists at a second facility. In step **806**, the information may be analyzed and a report is generated. The report may be provided to the facility for which it is associated. In step **810**, the information may be compared. In one example, the scores may be compared within the facility, for instance, to score the technologists relative to each other. In another example, the scores may be compared to scores at other facilities. In step **812**, the scores may be compared to a threshold to determine if the particular technologist is above or below the threshold. If above, the technologist is adequately performing positioning patient positioning. If below the threshold, the technologist may require corrective action, for example, education or quality control (QC) corrective actions. In addition, the scores for all the technologists in a particular facility may be compared to a threshold. If the scores for the facility are above the threshold, a report is generated of compliance to federal regulations. If the scores for the facility are below the threshold, QC for the facility are recommended. The thresholds may be those types of predetermined threshold discussed herein. A report is generated with non-compliance and recommendations for QC.

FIG. 8D illustrates a logic flow or method **816** for processing medical images at a medical facility. The method **816** may be performed by a facility, such as Facility A or B depicted in FIG. 8B. At operation **818**, medical images of a patient are acquired. For example, the medical images may be acquired by one or more imaging systems **100** located at the particular facility. The medical images that are acquired may include additional identification information stored with the image, such the identity of the technician that performed the imaging procedure and the identity of the facility that performed the procedure. Such additional identification information may be stored as metadata for the respective medical image, in the header of the medical image, or otherwise stored with the respective medical image such that the additional information is associated with the respective medical image. The identification information

may include the name of the patient, an additional patient identifier, the date of examination, the view and laterality of the image, the facility name or identifier and location (e.g., city, state, and zip code of the facility), a technologist identification, a cassette/screen identification, and a mammography unit identification (if there is more than one unit in the facility).

At operation **820**, a random sampling of the acquired medical images is taken. The random sampling of images helps reduce potential bias in facilities or technicians selecting images that they believe to be of better quality to artificially inflate their scores or metrics. The random sampling of images may be of images may be for all medical images acquired or of medical images that were actually reviewed by radiologists or other medical professionals. The random sampling may be performed automatically through an interface or software provided by the central computing system to the facility, such as through a web application provided by the central computing system. Random sampling can also be done in real-time (through an algorithm) picking every 3 or 4 or 5 patients, based on the prior volumes/seasonality calculations.

At operation **822**, quality metrics are then generated from and/or for the randomly sampled images. The metrics may be automatically generated through patient positioning and/or motion detection algorithms, such as the ones discussed herein and in International Publication No. WO2018/170265, titled "Techniques For Patient Positioning Quality Assurance Prior to Mammographic Image Acquisition," which is incorporated by reference herein in its entirety. The metrics may also be generated by an interpreting physician (IP). For instance, the interpreting physician may review the medical images that have been randomly selected and provide metrics for those medical images. The metrics from the IP may be input into a web application, interface, or other software provided by the central computing system. The metrics that are provided may include positioning metrics, compression metrics, exposure level metrics, contrast metrics, sharpness metrics, noise metrics, and/or artifact metrics, among other metrics. Each metric may also include additional sub-metrics or scores. For example, the positioning metrics may also include sub-metrics such as nipple location, nipple angle, pectoral muscle coverage, inframammary fold visibility, pectoral-nipple line distance, and symmetry between image views. The positioning metrics generally relate to whether sufficient breast tissue is imaged to ensure that cancers or anomalies are not likely to be missed because of inadequate positioning. The compression metrics generally relate to whether compression has been applied in a manner that minimizes the potential obscuring effect of overlying breast tissue and motion artifacts. The exposure level metrics generally relate to whether the exposure level was adequate to visualize breast structures and whether the images were underexposed or overexposed. The contrast metrics generally relate to where the image contrast permitted differentiation of subtle tissue density differences. The sharpness metrics generally relate to whether the margins of normal breast structures were distinct and not blurred. The noise metrics generally relate to whether noise in the image obscured breast structures or suggested the appearance of structures not actually present. The artifacts metrics generally relate to whether artifacts due to lint, processing, scratches, and other factors external to the breast obscured breast structures or suggest the appearance of structures not actually present. The quality metrics may further include metrics or scores based on motion or movement that occurred during imaging the patient. Such motion or move-

ment metrics may be generated using the sensors and techniques discussed herein. The metrics generated at operation **822** may be stored with the medical image(s) for which the metrics were generated.

At operation **824** a lead interpreting physician (LIP) may generate additional metrics for the medical images for which the metrics were generated in operation **822**. The LIP may generate metrics for all of those images or a subset of those images. The subset of the images may be a randomized subset of images. The LIP may in some cases modify or confirm the metrics generated in operation **822**. In other examples, the LIP may generate additional metrics for the medical images. Any metrics generated by the LIP may also be stored with the medical images. At operation **826**, the metrics for medical images are sent from the facility to the central computing system. The medical images may also be sent with the metrics in some examples. In other examples the metrics and at least a portion of the identification information may be sent as correlated to one another, such as in the same report or otherwise linked in an exported database.

FIGS. **8E** and **8F** depict a logic flow or method **828** for processing medical image metrics at a central computing system. For example, the method **828** may be performed by the central computing system to aggregate and process quality metrics from a plurality of facilities. At operation **830**, a first set of quality metrics for a plurality of medical images are received from a first imaging facility, such as Facility A in FIG. **8B**. The quality metrics received may also include the identification information for the medical images for which the received quality metrics correspond. In some examples, the medical images themselves may also be received. At operation **832**, a second set of quality metrics for a plurality of medical images are received from a second imaging facility, such as Facility B in FIG. **8B**. The quality metrics received may also include the identification information for the medical images for which the received quality metrics correspond. In some examples, the medical images themselves may also be received. While not shown in FIG. **8E**, method **828** may also include receiving additional quality metrics from additional facilities. In addition, the quality metrics received from the first facility and the second facility may be ongoing. For example, the first facility and the second facility may send quality metrics at regular intervals, such as monthly or quarterly. When the quality metrics are received by the central computing system, the central computing system may continue to store the metrics to track trends from different facilities. In some examples, the metrics are received through a web application provided to the facilities by the central computing system. For instance, the IP and LIP may directly enter the metrics into the web application, which causes the receipt of the metrics by the central computing system. The identification information may also be provided in the web application and/or the web application or the central computing system may extract the identification information from the medical images

At operation **834**, the first set of quality metrics are compared to the second set of quality metrics. For example, once the first and second sets of quality metrics are received, the central computing system may cause the two sets of metrics to be compared to one another. In other examples where additional metrics are received from additional facilities, those metrics may also be compared to one another. In some examples, individual metrics from the first set may be compared to the corresponding individual metric of the other set. For instance, positioning metrics for the first facility

may be compared to positioning metrics of the second facility. At operation **836**, based on the comparison of the first set of quality metrics to the second set of quality metrics, a benchmark is set for at least one metric in the first set of quality metrics and the second set of quality metrics. The benchmark may be standard or point of reference against which the quality metrics may be assessed. For example, based on the comparison of the aggregated quality metrics from the plurality of facilities, the average patient positioning score may be determined. That average patient positioning score may then be used as a benchmark for an individual facility to determine how it is performing as compared to that benchmark. Benchmarks other than average scores may also be determined including benchmarks based on different statistical analyses such as percentiles. Benchmarks may also be set by government entities, such as the FDA. The benchmarks may also be based on the type of facility. For example, benchmarks may be created for facilities that are similarly situated based on factors such as location, number of technicians, number of medical images acquired, number of imaging systems on site, number of interpreting physicians, or other characteristics of the facilities. Accordingly, facilities may be able to compare their own quality metrics against benchmarks that are derived from the like facilities.

At operation **838**, a dashboard may be provided by the central computing system one or more of the facilities from which quality metrics are received. The dashboard may be provided to the facility through the web application. Facility data for a facility or a particular technologist may be generated based on the generated benchmark in operation **836** and the first set of quality metrics and/or the second set of quality metrics. The facility data may include the quality metrics from one or more facilities compared to the benchmark(s) generated in operation **836**. The facility data may be presented in the dashboard. For instance, the facility data and/or quality metrics for the facility accessing the dashboard may be viewed through the dashboard. For example, an LIP or other member of the facility may access the dashboard to see how the facility's quality metrics compare to the benchmark quality metrics and/or the quality metrics of other facilities. The quality metrics may be searched or refined as well through the dashboard. The LIP may refine the quality metrics based on a period of time or for a certain technician or technicians. For instance, if the LIP wanted to see how a particular technician performed over a certain month, the LIP could refine the results in the dashboard to see such information. Reports regarding the quality metrics of the facility may also be generated through the dashboard. The dashboard may also be used to track how the facility's quality metrics compare to federal regulations and provide warnings if the metrics are below federal regulations for any time period. Reports may also be generated that indicate how the quality metrics of the facility compare to federal regulations or guidelines. In addition, a dashboard may also be provided to a government agency or review board to show how an individual facility is performing or to show how a group of facilities is performing. The dashboard also provides useful insights into the quality metrics that were previously unavailable. As the metrics are received by the central computing system, the dashboard representation for the facility may be updated almost immediately. Accordingly, the imaging quality of a facility is able to be tracked over time and in a real time or live manner that has never been available before.

The dashboard or the reports may also provide additional insights beyond the metrics that are reported. For instance,

based on the aggregation of the quality metrics, a large enough sample of metrics across different facilities may allow for correlations between different types of quality metrics and the identifying data. Such correlations and insights may be generated through machine learning techniques. Unsupervised machine learning techniques may be particularly useful in identifying correlations and insights that may have been previously unknown. Clustering-based, association-based, and anomaly-based unsupervised learning algorithms, among others, may all be used for the data. Clustering algorithms are generally directed to problems where the goal is to discover inherent clusters or grouping of data, and association algorithms are generally directed to problems where the goal is to discover rules that describe large portions of data. Anomaly detection algorithms generally are directed to discovering unusual or outlier metrics within the set of quality metrics. As an example, the aggregated metrics and identification data may be provided as an input to the unsupervised machine learning algorithms to output previously unknown structures, patterns, and associations within the aggregated metrics and identification data.

At operation **840**, a training recommendation for a facility or a particular technologist may be generated based on the generated benchmark in operation **836**. The training recommendation may be generated by the central computing system. For example, based on a comparison of the first set of quality metrics to the generated benchmark, it may be determined that the first set of quality metrics (or a subset thereof) are falling short of the benchmark. Based on that determination, a training recommendation may be provided. As an example, the positioning metrics for a particular technician may be below a benchmark or a federal regulation or guideline. A training for that technician regarding positioning may then be generated by operation **840**. The training may also be tailored to the specific positioning metrics that are problematic for the specific technician. The trainings may be generated from training sets available from different training organizations or custom trainings provided by the company hosting or operating the central computing system. For instance, the trainings may be a set of videos for the technician to watch to better understand how to properly position the patient. The video trainings may also include interactive elements that further improve the interaction of the technician during the training. Such interactive trainings may also include an assessment following or during the training that assesses how well the technician is understanding the information provided by the training. The generated training may also include recommendations for programs that are available based on the particular problematic metrics.

At operation **842**, the training generated in operation **840** is sent to the facility. For example, when the training has been generated for a technician at the first facility, the generated training is sent to the first facility. The training may be sent to the first facility by the central computing system via the web application or other form of communication. The training may be in the form as a series of videos that are accessible via the web application by the technician. Similarly, interactive trainings may also be provided via the web application. During the interactive trainings, an assessment score may be stored that indicates how well the technician performed during the training. That assessment score may be stored and associated with that technician for the particular training that was generated at operation **840**.

At operation **844** (shown in FIG. **8F**), a subsequent set of quality metrics for a plurality of medical images is received.

For example, the central computing system may receive, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images that were acquired after the medical images for which metrics were receiving in operation **830**. Subsequent sets of quality metrics may also be received from additional facilities as well. As discussed above, the quality metrics may be continuously received from the facilities as the quality metrics are generated. In some examples, the subsequent set of quality metrics may be received from a facility that has received and/or completed the training sent in operation **842**.

At operation **846**, the subsequent set of quality metrics are compared to quality metrics previously received by one or more of the imaging facilities. For example, when the subsequent quality metrics are received from the first imaging facility, those subsequent quality metrics are compared to the first set of quality metrics received in operation **830**. At operation **848**, based on the comparison of the subsequent quality metrics to the prior quality metrics, such as the first set of quality metrics, an effectiveness rating for a training is generated. The effectiveness rating may be generated for the training that was generated in operation **840** and sent to the facility in operation **842**. The effectiveness rating indicates how effective the training was that was provided to the facility and/or the technician.

As an example, the training is provided to the first facility after the first set of quality metrics are received and the subsequent set of quality metrics are received after the training has been completed. Due to the training being completed, the expectation is that the quality metrics for the facility will have improved. A comparison between the subsequent set of quality metrics and the first set of quality metrics can either confirm or refute that expectation. For instance, if the training was for patient positioning, the patient positioning metrics from the first set of quality metrics are compared to the patient positioning metrics from the subsequent set of quality metrics. If the subsequent positioning metric improved, a positive effectiveness rating is generated for the training to indicate that the training is effective. If the subsequent positioning metric remained the same, a neutral effectiveness rating is generated for the training to indicate that the training is ineffective. If the subsequent positioning metric worsened, a negative effectiveness rating is generated for the training to indicate that the training is counterproductive. The effectiveness rating may then be used as feedback to the central computing system in generating future trainings. For example, trainings that have received a negative effectiveness rating may no longer be generated and sent to facilities, whereas trainings that have received a positive effectiveness rating may be more heavily weighted in generating future trainings.

In some examples, generating the effectiveness rating of the training may account for the assessment scores of the technicians that received the training. As discussed above, during the interactive trainings, an assessment score may be stored that indicates how well the technician performed during the training. If the assessment score is low for the training and the subsequent quality metric did not improve, the training itself may not be ineffective. Rather, the low-scoring technician may need additional more in-depth training and assistance. In such examples where the assessment score is low, a lower weight may be assigned to the effectiveness rating of the training.

At operation **850**, a trend is determined for at least one quality metric based on the comparison of the subsequent set of metrics and the prior set of quality metrics performed in operation **846**. In some examples, the determination of the

trend may be performed as part of operation **848**. For instance, as discussed above, particular metrics may be compared to one another to determine whether the metric has improved or worsened over time. That trend and the rate of the trend is determined in operation **850**. The rate of the trend may be based on the total change in the particular metric over a designated period of time, such as days, weeks, months, quarters, or years.

At operation **852**, a warning or notification may be generated based on the trend determined in operation **850**. The generation of the warning may be based on the rate of the trend as well. For instance, if the trend is negative and the rate of the trend is above a predetermined threshold, a warning may be generated and send to the facility that has the rapidly worsening metric. Such a warning may prevent poor imaging procedures before they occur because the facility can implement corrections upon receiving the warning. The warning may also be based on a negative trend and a metric that is approaching a benchmark and/or federal guideline or regulation. For example, where a quality metric is within a predetermined threshold of a benchmark and/or federal guideline or regulation and the trend is negative, a warning may be generated and provided to the facility. By providing such a warning, the facility is able to implement corrections before falling below the benchmark or being out of compliance with the issued guideline or regulation.

FIG. 9 illustrates an article of manufacture according to an embodiment. Storage medium **900** may comprise any computer-readable storage medium or machine-readable storage medium, such as an optical, magnetic or semiconductor storage medium. In some embodiments, storage medium **900** may comprise a non-transitory storage medium. In various embodiments, storage medium **900** may comprise an article of manufacture. In some embodiments, storage medium **900** may store computer-executable instructions, such as computer-executable instructions to implement logic flow **900**, for example. Examples of a computer-readable storage medium or machine-readable storage medium may include any tangible media capable of storing electronic data, including volatile memory or non-volatile memory, removable or non-removable memory, erasable or non-erasable memory, writable or re-writable memory, and so forth. Examples of computer-executable instructions may include any suitable type of code, such as source code, compiled code, interpreted code, executable code, static code, dynamic code, object-oriented code, visual code, and the like. The embodiments are not limited to these examples.

FIG. 10 illustrates a block diagram of a centralized system **1000**. The centralized system **1000** may implement some or all of the structure and/or operations for the web services system **1020** in a single computing entity, such as entirely within a single device **1010**.

The device **1010** may comprise any electronic device capable of receiving, processing, and sending information for the web services system **1020**. Examples of an electronic device may include without limitation an imaging system, client device, a mobile computing device, a computer, a server, a distributed computing system, multiprocessor systems, or combination thereof. The embodiments are not limited in this context.

The device **1010** may execute processing operations or logic for the web services system **1020** using a processing component **1030**. The processing component **1030** may comprise various hardware elements, software elements, or a combination of both. Examples of hardware elements may include devices, logic devices, microprocessors, circuits, circuit elements (e.g., transistors, resistors, capacitors,

inductors, and so forth), integrated circuits, and so forth. Examples of software elements may include software programs, machine programs, operating system software, middleware, firmware, functions, methods, procedures, software interfaces, application program interfaces (API), words, values, symbols, or any combination thereof. Determining whether an embodiment is implemented using hardware elements and/or software elements may vary in accordance with any number of factors, such as desired computational rate, power levels, heat tolerances, processing cycle budget, input data rates, output data rates, memory resources, data bus speeds and other design or performance constraints, as desired for a given implementation.

The device **1010** may execute communications operations or logic for the web services system **1020** using communications component **1040**. The communications component **1040** may implement any well-known communications techniques and protocols, such as techniques suitable for use with packet-switched networks (e.g., public networks such as the Internet, private networks such as an enterprise intranet, and so forth), circuit-switched networks (e.g., the public switched telephone network), or a combination of packet-switched networks and circuit-switched networks (with suitable gateways and translators). The communications component **1040** may include various types of standard communication elements, such as one or more communications interfaces, network interfaces, wireless transmitters/receivers (transceivers), wired and/or wireless communication media, physical connectors, and so forth. By way of example, and not limitation, communication media **1009**, **1049** include wired communications media and wireless communications media.

The device **1010** may communicate with other devices **1005**, **1045** over a communications media **1009**, **1049**, respectively, using communications signals **1007**, **1047**, respectively, via the communications component **1040**. The devices **1005**, **1045**, may be internal or external to the device **1010** as desired for a given implementation.

For example, device **1005** may correspond to a client device such as a phone used by a user. Signals **1007** sent over media **1009** may therefore comprise communication between the phone and the web services system **1020** in which the phone transmits a request and receives a web page or other data, in response.

FIG. 11 illustrates a block diagram of a distributed system **1100**. The distributed system **1100** may distribute portions of the structure and/or operations for the disclosed embodiments across multiple computing entities. Examples of distributed system **00** may include without limitation a client-server architecture, a peer-to-peer architecture, a shared database architecture, and other types of distributed systems. The embodiments are not limited in this context.

The distributed system **1100** may comprise a client device **1110** and a server device **1140**. In general, the client device **1110** and the server device **1140** may be the same or similar to the client device **1010** as described with reference to FIG. 10. For instance, the client system **1110** and the server system **1140** may each comprise a processing component **1120**, **1150** and a communications component **1130**, **1160** which are the same or similar to the processing component **1030** and the communications component **1040**, respectively, as described with reference to FIG. 10. In another example, the devices **1110**, **1140** may communicate over a communications media **1105** using communications signals **1107** via the communications components **1130**, **1160**.

The client device **1110** may comprise or employ one or more client programs that operate to perform various meth-

odologies in accordance with the described embodiments. In one embodiment, for example, the client device **1110** may implement some steps described with respect to FIGS. **4-6**.

The server device **1140** may comprise or employ one or more server programs that operate to perform various methodologies in accordance with the described embodiments. In one embodiment, for example, the server device **40** may implement some steps described with respect to FIGS. **4-6**.

FIG. **12** illustrates an embodiment of an exemplary computing architecture **1200** suitable for implementing various embodiments as previously described. In one embodiment, the computing architecture **1200** may comprise or be implemented as part of an electronic device. Examples of an electronic device may include those described herein. The embodiments are not limited in this context.

As used in this application, the terms “system” and “component” are intended to refer to a computer-related entity, either hardware, a combination of hardware and software, software, or software in execution, examples of which are provided by the exemplary computing architecture **1200**. For example, a component can be, but is not limited to being, a process running on a processor, a processor, a hard disk drive, multiple storage drives (of optical and/or magnetic storage medium), an object, an executable, a thread of execution, a program, and/or a computer. By way of illustration, both an application running on a server and the server can be a component. One or more components can reside within a process and/or thread of execution, and a component can be localized on one computer and/or distributed between two or more computers. Further, components may be communicatively coupled to each other by various types of communications media to coordinate operations. The coordination may involve the unidirectional or bi-directional exchange of information. For instance, the components may communicate information in the form of signals communicated over the communications media. The information can be implemented as signals allocated to various signal lines. In such allocations, each message is a signal. Further embodiments, however, may alternatively employ data messages. Such data messages may be sent across various connections. Exemplary connections include parallel interfaces, serial interfaces, and bus interfaces.

The computing architecture **1200** includes various common computing elements, such as one or more processors, multi-core processors, co-processors, memory units, chipsets, controllers, peripherals, interfaces, oscillators, timing devices, video cards, audio cards, multimedia input/output (I/O) components, power supplies, and so forth. The embodiments, however, are not limited to implementation by the computing architecture **1500**.

As shown in FIG. **12**, the computing architecture **1200** comprises a processing unit **1204**, a system memory **1206** and a system bus **1208**. Dual microprocessors, multi-core processors, and other multi-processor architectures may also be employed as the processing unit **1204**.

The system bus **1208** provides an interface for system components including, but not limited to, the system memory **1206** to the processing unit **1204**. The system bus **1208** can be any of several types of bus structure that may further interconnect to a memory bus (with or without a memory controller), a peripheral bus, and a local bus using any of a variety of commercially available bus architectures. Interface adapters may connect to the system bus **1208** via a slot architecture, for example.

The computing architecture **1200** may comprise or implement various articles of manufacture. An article of manu-

facture may comprise a computer-readable storage medium to store logic, as described above with respect to FIG. **9**.

The system memory **1206** may include various types of computer-readable storage media in the form of one or more higher speed memory units, such as read-only memory (ROM), random-access memory (RAM), dynamic RAM (DRAM), solid state memory devices (e.g., USB memory, solid state drives (SSD) and any other type of storage media suitable for storing information.). In the illustrated embodiment shown in FIG. **12**, the system memory **1206** can include non-volatile memory **1210** and/or volatile memory **1213**. A basic input/output system (BIOS) can be stored in the non-volatile memory **1210**.

The computer **1202** may include various types of computer-readable storage media in the form of one or more lower speed memory units, including an internal (or external) hard disk drive (HDD) **1214**, a magnetic floppy disk drive (FDD) **1216** to read from or write to a removable magnetic disk **1218**, and an optical disk drive **1220** to read from or write to a removable optical disk **1222** (e.g., a CD-ROM, DVD, or Blu-ray). The HDD **1214**, FDD **1216** and optical disk drive **1220** can be connected to the system bus **1208** by a HDD interface **1224**, an FDD interface **1226** and an optical drive interface **1228**, respectively. The HDD interface **1224** for external drive implementations can include at least one or both of Universal Serial Bus (USB) and IEEE 1394 interface technologies.

The drives and associated computer-readable media provide volatile and/or nonvolatile storage of data, data structures, computer-executable instructions, and so forth. For example, a number of program modules can be stored in the drives and memory units **1210**, **1213**, including an operating system **1230**, one or more application programs **1232**, other program modules **1234**, and program data **1236**. In one embodiment, the one or more application programs **1232**, other program modules **1234**, and program data **1236** can include, for example, the various applications and/or components to implement the disclosed embodiments.

A user can enter commands and information into the computer **1202** through one or more wire/wireless input devices, for example, a keyboard **1238** and a pointing device, such as a mouse **1240**. Other input devices may include microphones, infra-red (IR) remote controls, radio-frequency (RF) remote controls, game pads, stylus pens, card readers, dongles, finger print readers, gloves, graphics tablets, joysticks, keyboards, retina readers, touch screens (e.g., capacitive, resistive, etc.), trackballs, trackpads, sensors, styluses, and the like. These and other input devices are often connected to the processing unit **1204** through an input device interface **1242** that is coupled to the system bus **1208**, but can be connected by other interfaces such as a parallel port, IEEE 1394 serial port, a game port, a USB port, an IR interface, and so forth.

A display **1244** is also connected to the system bus **1208** via an interface, such as a video adaptor **1246**. The display **1244** may be internal or external to the computer **1202**. In addition to the display **1244**, a computer typically includes other peripheral output devices, such as speakers, printers, and so forth.

The computer **1202** may operate in a networked environment using logical connections via wire and/or wireless communications to one or more remote computers, such as a remote computer **248**. The remote computer **248** can be a workstation, a server computer, a router, a personal computer, portable computer, microprocessor-based entertainment appliance, a peer device or other common network node, and typically includes many or all of the elements

described relative to the computer **1202**, although, for purposes of brevity, only a memory/storage device **1250** is illustrated. The logical connections depicted include wire/wireless connectivity to a local area network (LAN) **1252** and/or larger networks, for example, a wide area network (WAN) **1254**. Such LAN and WAN networking environments are commonplace in offices and companies, and facilitate enterprise-wide computer networks, such as intranets, all of which may connect to a global communications network, for example, the Internet.

When used in a LAN networking environment, the computer **1202** is connected to the LAN **1252** through a wire and/or wireless communication network interface or adaptor **1256**. The adaptor **1256** can facilitate wire and/or wireless communications to the LAN **1252**, which may also include a wireless access point disposed thereon for communicating with the wireless functionality of the adaptor **1256**.

When used in a WAN networking environment, the computer **1202** can include a modem **1258**, or is connected to a communications server on the WAN **1254**, or has other means for establishing communications over the WAN **1254**, such as by way of the Internet. The modem **1258**, which can be internal or external and a wire and/or wireless device, connects to the system bus **1208** via the input device interface **1242**. In a networked environment, program modules depicted relative to the computer **1202**, or portions thereof, can be stored in the remote memory/storage device **1250**. It will be appreciated that the network connections shown are exemplary and other means of establishing a communications link between the computers can be used.

The computer **1202** is operable to communicate with wire and wireless devices or entities using the IEEE 802 family of standards, such as wireless devices operatively disposed in wireless communication (e.g., IEEE 802.11 over-the-air modulation techniques). This includes at least Wi-Fi (or Wireless Fidelity), WiMax, and Bluetooth™ wireless technologies, among others.

FIG. **13** illustrates a block diagram of an exemplary communications architecture **300** suitable for implementing various embodiments as previously described. The communications architecture **300** includes various common communications elements, such as a transmitter, receiver, transceiver, radio, network interface, baseband processor, antenna, amplifiers, filters, power supplies, and so forth. The embodiments, however, are not limited to implementation by the communications architecture **300**.

As shown in FIG. **13**, the communications architecture **300** comprises includes one or more clients **1310** and servers **1340**. The clients **1310** may implement the client device **1110**, for example. The servers **1340** may implement the server device **1140**, for example. The clients **1310** and the servers **1340** are operatively connected to one or more respective client data stores **1320** and server data stores **1350** that can be employed to store information local to the respective clients **1310** and servers **1340**, such as cookies and/or associated contextual information.

The clients **1310** and the servers **1340** may communicate information between each other using a communication framework **1330**. The communications framework **1330** may implement any well-known communications techniques and protocols. The communications framework **1330** may be implemented as a packet-switched network (e.g., public networks such as the Internet, private networks such as an enterprise intranet, and so forth), a circuit-switched network (e.g., the public switched telephone network), or a combination of a packet-switched network and a circuit-switched network (with suitable gateways and translators).

The communications framework **1330** may implement various network interfaces arranged to accept communicate, and connect to a communications network. A network interface may be regarded as a specialized form of an input output interface. Network interfaces may employ connection protocols including without limitation direct connect, Ethernet, wireless network interfaces, cellular network interfaces, and the like.

Some embodiments may be described using the expression “one embodiment” or “an embodiment” along with their derivatives. These terms mean that a particular feature, structure, or characteristic described in connection with the embodiment is included in at least one embodiment. The appearances of the phrase “in one embodiment” in various places in the specification are not necessarily all referring to the same embodiment. Further, some embodiments may be described using the expression “coupled” and “connected” along with their derivatives. These terms are not necessarily intended as synonyms for each other. For example, some embodiments may be described using the terms “connected” and/or “coupled” to indicate that two or more elements are in direct physical or electrical contact with each other. The term “coupled,” however, may also mean that two or more elements are not in direct contact with each other, but yet still co-operate or interact with each other.

A procedure is here, and generally, conceived to be a self-consistent sequence of operations leading to a desired result. These operations are those requiring physical manipulations of physical quantities. Usually, though not necessarily, these quantities take the form of electrical, magnetic or optical signals capable of being stored, transferred, combined, compared, and otherwise manipulated. It proves convenient at times, principally for reasons of common usage, to refer to these signals as bits, values, elements, symbols, characters, terms, numbers, or the like. It should be noted, however, that all of these and similar terms are to be associated with the appropriate physical quantities and are merely convenient labels applied to those quantities.

Further, the manipulations performed are often referred to in terms, such as adding or comparing, which are commonly associated with mental operations performed by a human operator. No such capability of a human operator is necessary, or desirable in most cases, in any of the operations described herein which form part of one or more embodiments. Rather, the operations are machine operations. Useful machines for performing operations of various embodiments include general purpose digital computers or similar devices.

Various embodiments also relate to apparatus or systems for performing these operations. This apparatus may be specially constructed for the required purpose or it may comprise a general purpose computer as selectively activated or reconfigured by a computer program stored in the computer. The procedures presented herein are not inherently related to a particular computer or other apparatus. Various general purpose machines may be used with programs written in accordance with the teachings herein, or it may prove convenient to construct more specialized apparatus to perform the required method steps. The required structure for a variety of these machines will appear from the description given.

In the foregoing Detailed Description, it can be seen that various features are grouped together in a single embodiment for the purpose of streamlining the disclosure. This method of disclosure is not to be interpreted as reflecting an intention that the claimed embodiments require more features than are expressly recited in each claim. Rather, as the

following claims reflect, inventive subject matter lies in less than all features of a single disclosed embodiment. Thus the following claims are hereby incorporated into the Detailed Description, with each claim standing on its own as a separate embodiment. In the appended claims, the terms “including” and “in which” are used as the plain-English equivalents of the respective terms “comprising” and “wherein,” respectively. Moreover, the terms “first,” “second,” “third,” and so forth, are used merely as labels, and are not intended to impose numerical requirements on their objects.

What has been described above includes examples of the disclosed architecture. It is, of course, not possible to describe every conceivable combination of components and/or methodologies, but one of ordinary skill in the art may recognize that many further combinations and permutations are possible.

What is claimed is:

1. A method for improving medical imaging procedures, the method comprising:

receiving, by a central computer system from a first imaging facility, a first set of quality metrics for a plurality of medical images acquired at the first imaging facility;

receiving, by the central computer system from a second imaging facility, a second set of quality metrics for a second plurality of medical images acquired at the second imaging facility;

comparing, by the central computer system, the first set of quality metrics to the second set of quality metrics;

based on the comparison of the first set of quality metrics to the second set of quality metrics, generating, by the central computer system, a benchmark for at least one metric in the first set of quality metrics and the second set of quality metrics;

generating, by the central computer system, facility data based on the generated benchmark and the first set of quality metrics; and

sending, by the central computer system, the facility data to the first imaging facility.

2. The method of claim 1, further comprising:

generating a training recommendation based on the generated benchmark and the first set of quality metrics;

receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation;

comparing the subsequent set of quality metrics to the first set of quality metrics; and

based on the comparison of the subsequent set of quality metrics to the first set of quality metrics, generating an effectiveness rating for the generated training.

3. The method of claim 2, further comprising:

receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation;

comparing the subsequent set of quality metrics to the first set of quality metrics to determine a trend for at least one quality metric; and

based on determined trend for the at least one quality metric, generating a trend warning.

4. The method of claim 1, wherein the quality metrics are based on positioning metrics generated from the plurality of medical images.

5. The method of claim 1, further comprising providing the first set of quality metrics and the second set of quality

metrics as inputs to an unsupervised machine learning algorithm to identify additional patterns within the sets of quality metrics.

6. The method of claim 1, wherein the first set of quality metrics are received via a web application managed by the central computer system and the training is sent via the web application.

7. The method of claim 1, wherein the quality metrics are based on patient movement.

8. The method of claim 7, wherein at least one quality metric is based on a movement signal that is generated by the following operations:

generating, by a force sensor, a force signal indicating a measure of force applied superior to human tissue being compressed between a compression paddle and an imaging detector to capture an image of the human tissue; and

filtering, by a movement detection circuit, a movement signal from the force signal indicating a measure of movement of the compressed human tissue.

9. A central computer system, comprising:

at least one processing unit; and

memory operatively in communication with the at least one processing unit, the memory storing instructions that, when executed by the at least one processing unit, are configured to cause the system to perform the following set of operations:

receiving, from a first imaging facility, a first set of quality metrics for a plurality of medical images acquired at the first imaging facility;

receiving, from a second imaging facility, a second set of quality metrics for a second plurality of medical images acquired at the second imaging facility;

comparing, by the central computer system, the first set of quality metrics to the second set of quality metrics;

based on the comparison of the first set of quality metrics to the second set of quality metrics, generating a benchmark for at least one metric in the first set of quality metrics and the second set of quality metrics;

generating a training recommendation based on the generated benchmark and the first set of quality metrics; and

sending the generated training recommendation to the first facility.

10. The system of claim 9, wherein the set of operations further comprises:

receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation;

comparing the subsequent set of quality metrics to the first set of quality metrics; and

based on the comparison of the subsequent set of quality metrics to the first set of quality metrics, generating an effectiveness rating for the generated training.

11. The system of claim 9, wherein the set of operations further comprises:

receiving, from the first imaging facility, a subsequent set of quality metrics for a plurality of medical images acquired at the first facility after the sending of the generated training recommendation;

comparing the subsequent set of quality metrics to the first set of quality metrics to determine a trend for at least one quality metric; and

based on determined trend for the at least one quality metric, generating a trend warning.

12. The system of claim 11, wherein the trend warning is based on a rate of the determined trend.

13. The system of claim 9, wherein the set of operations 5 further comprises providing the first set of quality metrics and the second set of quality metrics as inputs to an unsupervised machine learning algorithm to identify additional patterns within the sets of quality metrics.

14. The system of claim 9, wherein the first set of quality 10 metrics are received via a web application managed by the central computer system and the training is sent via the web application.

15. The system of claim 9, wherein the set of operations 15 further comprise providing a dashboard via a web application to the first facility and the second facility.

16. The system of claim 15, wherein the dashboard displays quality metrics received from the first facility compared to the benchmark.

17. The system of claim 9, wherein receiving the first set 20 of quality metrics for a plurality of medical images includes receiving identification information for the plurality of medical images.

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